



**Patient Name:**

**Date of Birth:**

**Address:**

**Phone Number:**

**Allergies:**

**Medications:**

**I was diagnosed with:**

**Date of original diagnosis:**

**Hospital:**

**Phone :**

**Cardiologist:**

**Phone:**

**Emergency Contact:**

**Phone:**

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**It is important to keep acute myocarditis in the differential diagnosis of a patient who presents with new signs or symptoms of acute heart failure (which can initially look like a viral syndrome with vomiting, diarrhea, cough, shortness of breath, fatigue...) especially in children and young adults.**

**Consider myocarditis in the setting of chest pain or heart failure symptoms. Diagnostic testing may include:**

- B-type natriuretic peptide concentration (**BNP**) which will be elevated in myocarditis, but it will not distinguish myocarditis from other causes of heart failure
- **Troponin I** concentration (may or may not be elevated in myocarditis, especially in children)
- **Chest X-ray** (look for Cardiomegaly, pulmonary vascular congestion, pleural effusion)
- **EKG** (PR depression, decreased voltages, irregular rhythm, Heart block, ST segment changes)
- **Echocardiogram** (depressed left ventricular syst. function, mitral regurg., dilated left ventricle)
- **Cardiac MRI** can reveal myocardial edema and ischemia that often occurs in myocarditis

**If acute myocarditis is suspected, referral to a cardiologist immediately is necessary.**

**Please accept this as a request to acknowledge this patient's history and look to rule out another episode of the disease.**

**Early correct diagnosis of this disease leads to better outcomes for the patient.**

**[www.myocarditisfoundation.org](http://www.myocarditisfoundation.org)**