



# Hearts with history need expert guidance.

## Refer to our adult congenital heart disease program.

As one of only seven Adult Congenital Heart Association (ACHA) accredited programs in Texas—and the only one in Fort Worth—Cook Children's provides specialized care for adults with congenital heart disease.

### Our program provides:

- Inpatient and outpatient consultation
- Echocardiography and advanced cardiac imaging
- Cardiopulmonary exercise stress testing
- Diagnostic and interventional cardiac catheterization
- Diagnostic and interventional electrophysiology
- Congenital cardiothoracic surgery
- Fetal echocardiography

Congenital heart disease (CHD) was once considered a "pediatric problem." However, over the last several decades, due to advances in medical and surgical care, patients born with congenital heart defects are surviving and thriving well into adulthood. This has created a growing population of adolescent and adult cardiac patients who continue to require specialized, life-long care. According to the American Heart Association (AHA), adults now outnumber children among the more than 2.4 million people living with CHD in the U.S.

The health issues faced by this unique population are numerous and require specialists with a working knowledge of their specific congenital heart defect and how it might interact with adult onset disease processes. Joint guidelines recently updated in 2025 by the AHA and American College of Cardiology recommend that all adults with congenital heart disease be evaluated at least once in a formal program. Follow-up frequency is determined by the complexity of the underlying heart defect. Unfortunately, less than 10 percent of adults with CHD currently receive this care.

### When to refer:

Any adolescent or adult patient with a previously confirmed or newly suspected diagnosis of congenital heart disease should be referred to an ACHD program for a formal evaluation.



**Scott Pilgrim, M.D.**

Medical Director  
Adult Congenital Heart Disease Program  
Pediatric and Adult Congenital Cardiologist



**Anna Venardos, M.D.**

Pediatric and Adult Congenital Cardiologist

Surveillance, diagnostic and interventional procedures are scheduled according to ACHA published guidelines.

Additionally, the ACHD program provides women of childbearing potential with important education regarding birth control options, pre-pregnancy counseling and risk assessment. Pregnant women have an obstetrician, maternal-fetal medicine physician, fetal cardiologist and anesthesia teams with a coordinated delivery plan.

The role of this program will vary based on the patient's needs and isn't meant to replace the current care the patient is receiving. All ACHD patients should have a primary care physician and can continue with their local cardiologist in addition to the ACHD specialist.



**To refer to Cook Children's Heart Center, call 682-885-2140 or fax 682-885-2329.**

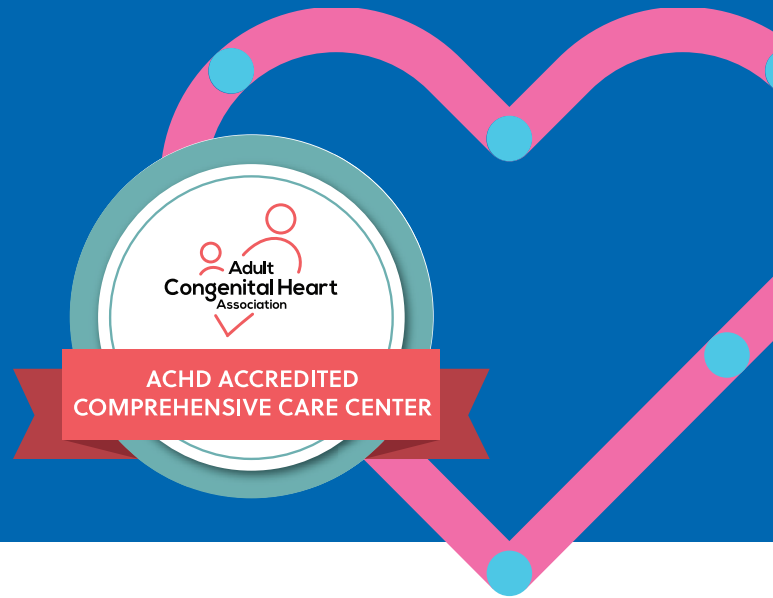
# Referral form

## Cook Children's Heart Center locations:

Abilene • Alliance • Amarillo • Arlington • Denton • Fort Worth  
Mansfield • Midland • Prosper • San Angelo • Southlake • Waco

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Date \_\_\_\_\_

Patient name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Parent or guardian name \_\_\_\_\_

Contact numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Referring physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary insurance name (include copy of insurance card) \_\_\_\_\_ ☐ HMO ☐ PPO ☐ POS

Other \_\_\_\_\_

Authorization number \_\_\_\_\_ Appointment priority ☐ Same day (emergency only) ☐ 2-4 weeks ☐ Beyond 4 weeks

## Have the following tests been performed?

(please circle)

**EKG (electrocardiogram)** Yes No Where \_\_\_\_\_ When \_\_\_\_\_

**Echocardiogram** Yes No Where \_\_\_\_\_ When \_\_\_\_\_

**Holter monitor** Yes No Where \_\_\_\_\_ When \_\_\_\_\_

**Treadmill exercise test** Yes No Where \_\_\_\_\_ When \_\_\_\_\_

## Cardiology services requested:

(please circle)

Consultation \_\_\_\_\_ EKG \_\_\_\_\_

Echocardiogram \_\_\_\_\_ 24-hour Holter monitor \_\_\_\_\_

Cardiac MRI \_\_\_\_\_ Other \_\_\_\_\_

## Reason for referral:

(please circle)

CHF

CHD

Valvular heart disease

Cardiomyopathy

Adult CHD

Other \_\_\_\_\_

Physician signature \_\_\_\_\_



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