

GLOBAL HEART NETWORK
SUBMIT HELP REQUEST
Please fill in and return to
Annabel@globalheartnetwork.net

COUNTRY

Child's FULL/LEGAL name

Child's date of birth

Age

Sex

Child's address

Number and Street

City

Postal Code

Country

Phone

Email

Child Lives with: _____
Father's Name/Other Guardian & Relationship Mother's Name/Other Guardian & Relationship

Relationship

Any brothers or sister? _____ How many? _____ Ages: _____

Hospital where diagnosis was made

Number and Street

City

Postal Code

Country

Phone

Email

Dr Name

Phone

Email

Child's clinical diagnosis

Surgical procedure needed

What is the actual full (non-charity) cost of the surgery?

Other past and present medical problems (indicate if resolved):

Any organizations or individuals contributing/amounts to help

Other (lodging, travel) help you would like the Global Heart Network to find for you:

Please attach

- 1. A photo of the child prior to the procedure**
- 2. a release of information form signed by the child's parent or legal guardian**
- 3. The medical reports explaining the diagnosis of the child.**

NOTE.For GHN to be able to help we need all this information complete