



It's My Heart



Advocating for and Supporting those affected by Congenital Heart Defects

Family Matching Form

It's My Heart Family Matching program will match you up with other patients and their families that have a similar CHD diagnosis. Sharing our experiences with each other is an important way to connect and learn from each other's experiences. If you would like to take part in this program please fill out the following information then send it to us at:

It's My Heart, Inc.
c/o Family Matching Program
1775 St. James Place, Suite 130
Houston, TX 77056

Heart Patient Name _____

If Minor Parent(s) Name _____

Heart Patient DOB _____

Primary Diagnosis _____

Additional Diagnosis _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____ Phone Number _____

Preferred Language _____

Additional Information
