

myHAEcheckup.ca CARE PLAN

Name: _____ Date of Birth: _____

Tel: _____ Healthcard No.: _____

Complete this form with your healthcare provider.

	Emergency Contact:		
	Name: _____	Relationship: _____	
	Primary Tel: _____	Secondary Tel: _____	
	Physician Details:		
	Name: _____	Tel: _____	
	Email: _____	Fax: _____	

Typical Clinical Manifestations of HAE Attacks:

- | | |
|--|--|
| <input type="checkbox"/> Laryngeal/airway swelling | <input type="checkbox"/> Abdominal pain (nausea, vomiting, diarrhea) |
| <input type="checkbox"/> Facial/neck swelling | <input type="checkbox"/> Peripheral swelling (lower legs, feet, arms, hands) |

Treatment of Acute Attacks:

If any of the above, and/or:	➔	Do this:

Reminder: If you are having an angioedema attack involving the upper airway, you should be assessed in the emergency department.

Long-Term Prophylaxis (LTP) Treatment: _____

- Patient has been trained on self-administration of acute and LTP treatment.

Special Considerations:

- Patient has history of laryngeal swelling requiring hospitalization/intubation.

Patient's known triggers include: _____

Additional information: _____

Plan Prepared By:

HCP Name & Designation: _____

HCP Signature: _____ Date: _____



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