

# Important Medical Information

Dear ,

I have hereditary angioedema (HAE), a rare and potentially life-threatening genetic disorder. HAE can cause attacks of swelling in any part of the body, but the most common locations include the abdomen, face, feet, genitals, hands, and throat. Abdominal attacks can cause mild to severe pain and may be accompanied by vomiting and/or diarrhea.

Attacks can be temporarily disfiguring and disabling, which may affect my ability to perform everyday activities. HAE attacks may also start in one location and then spread to another before resolving, or affect more than one part of the body during a single attack.

Swelling in the throat is considered the most dangerous because it can block the airway, creating a potentially life-threatening situation. Throat attacks may cause other symptoms as well, such as voice changes and difficulty swallowing. **If any of these symptoms occur, immediate medical attention is required.**

Sometimes, people with HAE will experience early warning signs before an attack, which can include a tingling sensation, rash, fatigue, and nausea. Although attacks can happen without warning, they may be triggered by:

- Minor trauma (an injury or a shock to the body)
- Stress
- Dental procedures
- Infections
- Surgery
- Hormonal changes

**In the event that I have an HAE attack, please see the reverse side of this letter for important emergency information, including medications and contacts.**

Thank you for your understanding and support.

Sincerely,

# Emergency HAE Attack Information

## EMERGENCY CONTACT

Name:

Relation:

Phone:

## PHYSICIAN CONTACT

Name:

Phone:

Address:

Medication(s):

Location of Medication(s):

Self-administered     Administered by a healthcare professional

Administration Instructions:

Preferred Hospital:

Phone:

Address:

**When to Call 911:**



**Note:** Laryngeal attacks can be life-threatening; patients are advised to seek medical attention immediately, even after initial self-treatment

**I certify that this medical information has been completed and reviewed under my supervision.**

Physician's Name:

Physician's Signature:

