

Pre-participation Cardiovascular Screening Questionnaire

Patient Name: _____ **Date of Birth:** _____

Patient History Questions: Tell me about your child...	Yes	No
Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
Has your child ever had extreme shortness of breath during exercise?		
Has your child ever complained of palpitations (irregular or fast heart beats)?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
Has a doctor ever ordered a test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder? ... or been diagnosed with exercised-induced asthma not well controlled with medication?		
Family History Questions: Tell me about any of these in your family...		
Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accident, drowning, or near drowning)		
Are there any family members who died suddenly of "heart problems" before age 50?		
Are there any family members who have unexplained fainting or seizures?		
Are there any relatives with certain conditions, such as:		
Enlarged Heart:		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm problems:		
Long QT Syndrome (LQTS)		
Short QT syndrome		
Brugada syndrome		
Catecholaminergic polymorphic ventricular tachycardia (CPVT)		
Arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C)		
Marfan syndrome (aortic rupture)		
Heart attack, age 50 or younger		
Pacemaker or implanted defibrillator		
Deaf at birth (congenital deafness)		

Please explain more about any "yes" answers here:

Parent Signature: _____

Physician Signature: _____

Date: _____