

SPORTS SCREENING PARTICIPATION FORM

Patient Name: _____ DOB: _____ Date: _____

PATIENT HISTORY:

- Yes ___ No ___ 1. Has your child fainted or passed out DURING exercise, emotion or startle?
Yes ___ No ___ 2. Has your child fainted or passed out AFTER exercise?
Yes ___ No ___ 3. Has your child had extreme fatigue associated with exercise different from other children?
Yes ___ No ___ 4. Has your child ever had unusual/extreme shortness of breath during exercise?
Yes ___ No ___ 5. Has your child ever had discomfort, pain, or pressure in his/her chest during exercise, or complained of his/her heart "racing" or skipping beats?
Yes ___ No ___ 6. Has a doctor ever told you that your child has high blood pressure, high cholesterol, heart murmur, or a heart infection?

(If "yes," check all that apply.)

___ High blood pressure ___ High cholesterol
___ Heart murmur ___ Heart infection

- Yes ___ No ___ 7. Has a doctor ever ordered a test for your child's heart?
Yes ___ No ___ 8. Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?

PLEASE EXPLAIN ANY "YES" ANSWERS:

FAMILY HISTORY:

- Yes ___ No ___ 1. Have any family members experienced sudden or unexpected death before age 50? (Including sudden infant death syndrome (SIDS), car accident, drowning, and other causes?)
Yes ___ No ___ 2. Have any family members died suddenly of "heart problems" before age 50?
Yes ___ No ___ 3. Have any family members experienced unexplained fainting or seizures?
4. Are there any relatives with conditions such as:
Yes ___ No ___ Hypertrophic cardiomyopathy (HCM)
Yes ___ No ___ Dilated cardiomyopathy (DCM)
Yes ___ No ___ Aortic rupture or Marfan Syndrome coronary artery atherosclerotic disease (heart attack at age 50 or younger)
Yes ___ No ___ Arrhythmogenic right ventricular cardiomyopathy
Yes ___ No ___ Long QT Syndrome (LQTS)
Yes ___ No ___ Short QT Syndrome
Yes ___ No ___ Brugada Syndrome
Yes ___ No ___ Catecholaminergic polymorphic ventricular tachycardia (CPVT)
Yes ___ No ___ Primary pulmonary hypertension
Yes ___ No ___ Pacemaker or implanted cardiac defibrillator
Yes ___ No ___ Congenital deafness (deaf at birth)

Please explain any "yes" answers:

DOCTOR'S INITIALS: _____