

CARDIAC SCREENING QUESTIONNAIRE

PLEASE COMPLETE THE FOLLOWING INFORMATION THAT APPEARS BELOW. DO NOT COMPLETE THE SECTION MARKED FOR PHYSICIAN USE ONLY.

Student's Name _____

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Grade _____ Gender: M or F School _____ Sport _____

Name/Address of Primary care Physician/Pediatrician _____

Phone Number of Primary care Physician/Pediatrician _____

Parent/Guardian's Name _____

Parent/Guardian's Address (if different from above) _____

Answer the following questions to the best of your ability. Please note if you are a parent or other legal guardian completing this form, the "You" refers to your child.

1. Have you ever had chest pain or discomfort? Yes No If yes, please describe _____

2. Have you ever passed out or almost passed out? Yes No If yes, please describe _____

3. Have you ever been short of breath or very fatigued with exercise? Yes No If yes, please describe _____

4. Have you ever been told that you have a heart murmur? Yes No If yes, please describe _____

5. Have you ever had high blood pressure? Yes No If yes, please describe _____

6. Has anyone in your family died before age 50 due to heart disease? Yes No If yes, please describe _____

7. Do you know of any close relatives less than 50 years old that are disabled with heart disease? Yes No
If yes, please describe _____

8. Do you know of any family members with the following heart diseases: Cardiomyopathy, Long-qt Syndrome, Marfan Syndrome, Arrhythmias? Yes No If yes, please describe _____

9. Are you currently on any medication? Yes No If yes, please describe _____

Name: _____ Relationship to Patient: _____

Signature: _____ Date/Time: _____

Reviewed by: _____

FOR PHYSICIAN USE ONLY:

1. Appropriate consent obtained and on hand? Yes No 3. Femoral pulses – Aortic Coarctation Yes No

2. Heart Murmur Yes No 4. Marfan Syndrome Physical Stigmata Yes No

Blood Pressure _____ Pulse _____ EKG _____ Echo _____

Physician Signature: _____ Date/Time _____ ID #: _____