

PEDIATRIC CARDIAC RISK ASSESSMENT FORM

NAME: _____ D.O.B. _____

I. PATIENT HISTORY QUESTIONS:

Tell me about any of these in your child...

	Yes	No
Has your child fainted or passed out DURING exercise, emotion or startle?		
Has your child fainted or passed out AFTER exercise?		
Has your child ever had extreme shortness of breath during exercise?		
Has your child had extreme fatigue associated with exercise (different from other children?)		
Has your child ever had discomfort, pain or pressure in his 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 exercise-induced asthma not well controlled with medication?		

II. FAMILY HISTORY QUESTIONS:

Tell me about any of these in your family...

	Yes	No
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (Including SIDS, car accident, drowning, others).		
Are there any family members who died suddenly of "heart problems" before age 50?		
Are there any family members who have had 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 ventricular tachycardia		
Arrhythmogenic right ventricular cardiomyopathy (ARVC)		
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/GUARDIAN SIGNATURE _____ DATE _____

PROVIDER SIGNATURE _____ DATE _____