

Name _____ Date of Birth _____ Today's date _____

HEART HEALTH QUESTIONS ABOUT THE PATIENT: PLEASE CIRCLE YES OR NO

1. Have you ever passed out or nearly passed out DURING or AFTER exercise? YES NO
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? YES NO
3. Does your heart ever race or skip beats (irregular beats) during exercise? YES NO
4. Has a doctor ever told you that you have any heart problems? If so, check all that apply: YES NO
 - High blood pressure A heart murmur
 - High cholesterol A heart infection
 - Kawasaki disease Other: _____
5. Has a doctor ever ordered a test for your heart? YES NO
(For example, ECG/EKG, echocardiogram)
6. Do you get lightheaded or feel more short of breath than expected during exercise? YES NO
7. Have you ever had an unexplained seizure? YES NO
8. Do you get more tired or short of breath more quickly than your friends during exercise? YES NO

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY: PLEASE CIRCLE YES OR NO

1. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? YES NO
2. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? YES NO
3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? YES NO
4. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? YES NO

PLEASE EXPLAIN "YES" ANSWERS BELOW