

PLAYING WITH HEART

Prevent Sudden Death in Young Athletes

Sports Screening Participation Form

Patient Information:

First Name: _____ MI ____ Last Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Address: _____

City, State _____ ZIP _____

Telephone: _____ Second Phone: _____

Parent/Guardian Name: _____

Primary Physician: _____

Physician's Address: _____

Physician's Telephone: (____) _____

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 “yes” answers:

Family History Questions:

YES NO 1. Have any family members experienced sudden, 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 relatives with conditions such as:

- YES NO Hypertrophic cardiomyopathy (HCM)
- YES NO Dilated cardiomyopathy (DCM)
- YES NO Aortic rupture of Marfan Syndrome Coronary artery atherosclerotic disease (heart attack at age 50 or younger)
- YES NO Arrhythmogenic right ventricular cardiomyopathy (ARVC)
- 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 “yes” answers:
