

Cardiac Assessment Form – Pediatric

Patient Name: _____ DOB: _____

Patient History Questions	Yes	No
1. Has your child fainted or passed out during or after exercise, emotion, or startle?		
2. Has your child ever had extreme shortness of breath and/or discomfort, pain, or pressure in his/her chest during exercise?		
3. Has your child had extreme fatigue associated with exercise (different from other children)?		
4. Has your doctor ever ordered a test for your child's heart?		
5. Has your child ever been diagnosed with an unexplained seizure disorder? Or is exercise-induced asthma not well controlled with medication?		
Please explain any yes answers here:		

Family History Questions	Yes	No
1. Are there any family members who had sudden unexpected, unexplained death before age 50 (including SIDS, car crash, drowning, others)?		
2. Are there any family members who have died suddenly of heart problems before age 50?		
3. Are there any family members who have had unexpected fainting seizures?		
4. Are there any relatives with certain conditions such as: <ul style="list-style-type: none"> • Enlarged heart: HCM • Dilated Cardiomyopathy • Heart rhythm problems: LQTS • Short QT syndrome • Brugada Syndrome • Catecholaminergic Ventricular Tachycardia • Arrhythmogenic Right Ventricular Cardiomyopathy • Marfan Syndrome (aortic rupture) • Heart attack (age 50 or younger) • Pacemaker or Implanted Defibrillator • Deaf at birth (congenital deafness) 		
Please explain any yes answers here:		

Parent/Patient Signature: _____

Physician Signature: _____ Date: _____