

Pediatric Associates
Cardiac Risk Assessment Form

Patient History Questions: Tell me about of these in your child...	Yes	No
Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had discomfort, pain or pressure in his chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been diagnosed with an unexplained seizure disorder? Or exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>
Family History Questions: Tell me about 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) or near drowning.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any family members who have had unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any relatives with certain conditions, such as: Enlarged Heart: Hypertrophic cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems: Long QT syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic ventricular tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic right ventricular cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (aortic rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or implanted defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at birth (congenital deafness)	<input type="checkbox"/>	<input type="checkbox"/>
Please explain more about any "YES" answers here:		
Parent Signature: _____ Physician Signature: _____ Date: _____		