



Health Center
Pediatric Cardiac Risk Screening (Children 12yrs and older)

Name of Patient: _____ **Age of Patient:** _____

Name of Caregiver with patient today: _____ **Relationship to Patient:** _____

Reason for visit: _____

1. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?

2. Have you ever had exercise-related chest pain or shortness of breath?

3. Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS.

4. Are you related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM (Arrhythmogenic Cardiomyopathy), LQTS (Long QT Syndrome), short QT syndrome, BrS (Brugada Syndrome), or CPVT (Catecholamine Polymorphic Ventricular Tachycardia) or anyone younger than 50 years with a pacemaker or implantable defibrillator?

