

PLAYING WITH HEART
Adolescent Cardiac Screening Participation Form

Please Print Clearly

Last Name:		First Name:	
Date of Birth:		Phone:	
Address:			
City, State:		Zip:	

Primary Physician:

Patient History

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child fainted or passed out DURING exercise, emotion, or startle?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child fainted or passed out AFTER exercise?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child had extreme fatigue associated with exercise different from other children?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child ever had unusual or extreme shortness of breath during exercise?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child ever had discomfort, pain, or pressure in his or her chest during exercise or complained of his or her heart "racing" or "skipping" beats?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has a doctor ever told you that your child has high blood pressure, high cholesterol, heart murmur, or a heart infection? <i>(If "yes", check all that apply).</i> <input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> heart murmur <input type="checkbox"/> heart infection
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has a doctor ever ordered a test for your child's heart?

Family History

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have any family member's experienced sudden, unexpected death before age 50?
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Are there relatives with conditions such as:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hypertrophic Cardiomyopathy (HCM)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dilated Cardiomyopathy (DCM)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Aortic Rupture
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Marfan Syndrome
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart Attack Before Age 50

Please Comment on Any YES Answers

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