



NAME: _____ DATE: _____

AGE: _____ GENDER: ___ Male ___ Female WEIGHT (in): _____ HEIGHT (lb): _____

RACE/ETHNICITY: ___ African-American/Black ___ Caucasian/White ___ Hispanic/Latino
 ___ Asian/Pacific Islander ___ Native American ___ Other: please specify _____

Medical History

Do you have any ongoing medical illnesses? YES NO

If yes, what illness? Asthma ADHD Diabetes High Blood Pressure Other: _____

Are you taking any medications? YES NO

If yes, what medications? _____

Heart Health Questionnaire

Do you get chest pain when you exercise? YES NO

Have you ever passed out during or immediately after exercise? YES NO

Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse? YES NO

Does your heart ever race (beat fast) when not related to exercise? YES NO

Have you ever had a seizure? YES NO

Has a doctor ever ordered a test for your heart? (i.e., ECG or ECHO)? YES NO

Have you ever been diagnosed with the following? (please circle all that apply) YES NO

Heart Problem High Blood Pressure High Cholesterol Kawasaki Disease Heart Infection

Has anyone in your family died from a heart problem before age 50? YES NO

Has a family member died suddenly for an unknown reason before age 50 (including sudden infant death syndrome (SIDS), unexplained car accident or drowning)? YES NO

Does a family member have any of the following medical conditions? (Please Circle) YES NO

*Hypertrophic Cardiomyopathy Long QT Syndrome Brugada Syndrome
 Dilated Cardiomyopathy Short QT Syndrome Marfan Syndrome
 Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)
 Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*