

Heart Health Questionnaire/Evaluation

Patient's Name: _____

Age: _____

Person completing form: _____ Relationship to patient: _____

Yes No Unsure

1. Has the patient ever been denied or restricted from participation in sports for any heart problems?
2. Has the patient ever passed out during or after exercise?
3. Does the patient have a history of shortness of breath while at rest?
4. Does the patient have a history of fainting (syncope)?
5. Has the patient ever had chest pain during or after exercise?
6. Has the patient ever experienced racing of his/her heart or skipped a heartbeat?
7. Has the patient had high blood pressure (hypertension) or high cholesterol?
8. Has the patient ever been told they have a heart murmur?
9. Has any family member or relative died of heart problems or sudden death before age 50?
10. Has the patient had a severe viral infection (i.e. myocarditis or mononucleosis) within the last month?
11. Has the patient ever had an electrocardiogram (ECG)?
12. Has the patient ever seen a cardiologist for heart related problems?

Signature _____

date: _____

***** For Office Use *****

Blood Pressure _____ / _____

Pulse _____ regular / irregular

Risk and benefits discussed with patient/parent _____ (yes) _____ (no) date: _____