

# Oberlin Road Pediatrics Cardiovascular Risk Assessment Form

*(This form must be completed for all patients 11 years or older at the physical exam)*

## **General Questions:**

- Has the patient ever fainted or passed out?  YES  NO
- Has the patient ever had extreme shortness of breath during exercise?  YES  NO
- Has the patient ever had extreme fatigue with exercise (different from that experienced by his/her peers)?  YES  NO
- Has the patient ever had discomfort, pain, or pressure in his/her chest during exercise?  YES  NO
- Has the patient ever had a test (EKG/echo) performed on his/her heart?  YES  NO
- Has the patient ever been diagnosed with an seizure disorder?  YES  NO
- Has the patient ever been diagnosed with exercise-induced asthma that is not well controlled with medication?  YES  NO
- Has the patient ever had palpitations during or after exercise?  YES  NO

## **Family History:**

*Please indicate if any relatives (including: parents, siblings, grandparents, aunts, uncles, and cousins) have any of the below conditions. When answering, please indicate if the condition is on the maternal or paternal side (eg. Maternal Grandfather or Paternal Aunt, etc.).*

Sudden cardiac (heart-related) death under 50 years of age: \_\_\_\_\_

Sudden death (for ANY reason) under 50 years of age: \_\_\_\_\_

Heart attack under 50 years of age: \_\_\_\_\_

Fainting: \_\_\_\_\_

Cardiomyopathy (a disease of the heart muscle): \_\_\_\_\_

Prolonged QT syndrome (a disorder of the heart's electrical system): \_\_\_\_\_

Arrhythmia (irregular heartbeat): \_\_\_\_\_

Brugada Syndrome (a disorder where irregular heartbeats can lead to fainting, seizures, difficulty breathing, or sudden death usually while the person is at rest or asleep): \_\_\_\_\_

Epilepsy/seizures: \_\_\_\_\_

Congenital deafness: \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_