

Pediatric Cardiac Risk Assessment Form



Please complete this form for all children (athletic participant or not) starting at the age of 6, when the American Academy of Pediatrics recommends starting preparticipation examinations (PPE). It should be completed a minimum of every 3 years, including on entry into middle school and high school. Depending on family and primary care provider concerns, more frequent or earlier screening may be appropriate.

Patient Name: _____

Age: _____

Person Completing Form: _____

Date: _____

Symptom Questions:	Yes	No	Unsure
Have you (patient) ever fainted, passed out, or had an unexplained seizure suddenly and without warning?			
----- If so, was it during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, or ringing telephones?			
Have you (patient) ever had either of the following during exercise : 1. Exercise-related chest pain, particularly pressure-like and not occurring at rest? 2. Unusual or extreme shortness of breath during exercise, not explained by asthma?			
Family History:	Yes	No	Unsure
Are there any immediate family members (include patient's parents or siblings) who have died before age 50 from heart problems or had an unexpected sudden death? <i>Including drownings, passing away in their sleep, sudden infant death syndrome (SIDS), or unexplained automobile crashes in which the relative was driving.</i>			
Are there any immediate relatives (patient's parents or siblings) with the following conditions?			
<input type="checkbox"/> Hypertrophic cardiomyopathy or hypertrophic obstructive cardiomyopathy (HCM/HOCM) <input type="checkbox"/> Long QT syndrome (LQTS) or short QT syndrome <input type="checkbox"/> Marfan syndrome or Loeys-Dietz syndrome <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ACM) <input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT) <input type="checkbox"/> Brugada syndrome (BrS) <input type="checkbox"/> Anyone younger than 50 years old with a pacemaker or implantable defibrillator? <input type="checkbox"/> <i>I have no known immediate family members with the above conditions.</i>			
Please explain more about any "yes" answers here:			