Patient Name: ________________________________  Date: _____

**Cardiac Risk Factor Assessment**

Please fill this out for any patient over 10 years old, who is here for an annual checkup, sports physical or camp physical.

**Personal History:**
Have YOU, the patient, ever had any of the following:
*Please explain any “yes” responses at the end*

1. Fainting/dizziness (especially with exercise), passing out, blacking out 1. YES NO
2. Seizures 2. YES NO
3. Rheumatic Fever 3. YES NO
4. Chest pain/shortness of breath with exercise 4. YES NO
5. Change in exercise tolerance 5. YES NO
6. Palpitations, increased heart rate, funny heart beats 6. YES NO
7. History of high blood pressure 7. YES NO
8. History of heart murmur, other heart problems, extra heart sounds 8. YES NO
9. History of viral illness with chest pains or palpitations 9. YES NO

**Family History:**
Has anyone in your FAMILY had any of the following:
*Please explain any “yes” responses at the end. Include the relationship of any affected family members and their age at the time of the cardiac event/diagnosis*

10. Sudden or unexplained death in someone young (less than 35 years old) 10. YES NO
11. Sudden cardiac death or heart attack in family members before 35 years old 11. YES NO
12. Sudden death during exercise 12. YES NO
13. Abnormal heart rhythm 13. YES NO
14. Hypertrophic Cardiomyopathy or enlarged heart 14. YES NO
15. Long QT Syndrome, short-QT Syndrome, or Brugada Syndrome 15. YES NO
16. Wolf-Parkinson-White or abnormal heart rhythm condition 16. YES NO
17. Event requiring resuscitation in young members (less than 35 years old), including passing out requiring resuscitation 17. YES NO
18. Marfan syndrome 18. YES NO

19. **EXPLAIN ANY “YES”**