

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"

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