

Pediatric Sudden Cardiac Death: Risk Assessment Form

Patient History Questions: Please ask your child each question	Yes	No
Has your child had fainted or passed out DURING exercise, emotion or startle?		
Has your child had fainted or passed out AFTER exercise?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had extreme shortness of breath with exercise?		
Has your child ever had discomfort, pain or pressure in his chest with exercise?		
Has a doctor ever told you that your child has high blood pressure , high cholesterol, a heart murmur, or a heart infection? If yes, circle which one(s).		
Has a doctor ever ordered a test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?		
Family History Questions: Please include extended family		
Are there any family members who had an unexpected, unexplained death before age 50? (include SIDS, car accident, drowning, others)		
Are there any family members who died of heart problems before age 50?		
Are there any family members who have had unexplained fainting or seizures?		
Are there any family members who have had a pacemaker or internal defibrillator?		
Are there any relatives with certain heart conditions such as:		
Hypertrophic cardiomyopathy (HCM)		
Dilated cardiomyopathy (DCM)		
Aortic rupture or Marfan syndrome		
Coronary artery atherosclerotic disease		
Arrhythmogenic right ventricular cardiomyopathy		
Long QT syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Ventricular Tachycardia		
Primary Pulmonary Hypertension		
Please explain more about any "yes" answers on the reverse		