

Patient

DOB \_\_\_\_\_

Chart Number \_\_\_\_\_

Please explain any Yes answers:

1. Has anyone in the athlete's family had a heart attack, unexplained fainting or seizures, or died suddenly before age 50, including SIDS, car accident, drowning?	Y / N
2. Has the athlete ever stopped exercising because of dizziness, extreme fatigue, or passed out during exercise?	Y / N
3. Has the athlete ever been told that he/she has a heart murmur, heart problem or high blood pressure or had a heart test ordered by a doctor?	Y / N
4. Has the athlete experienced chest pains with exercise or felt any extra strong or irregular heartbeats?	Y / N
5. Does the athlete have shortness of breath, asthma (wheezing), hay fever, or coughing spells after exercise?	Y / N
6. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	Y / N
7. Has the athlete ever had a stinger, burner or pinched nerve (injuries that occur when nerves in the neck and shoulder are stretched or compressed after an impact)?	Y / N
8. Does the athlete have a history of a concussion (getting knocked out)?	Y / N
9. Has the athlete completed the concussion recovery baseline test?	Y / N
10. Has the athlete ever suffered a heat related illness (heat stroke)?	Y / N
11. Does the athlete have a chronic medical problem or see a doctor regularly for a particular problem?	Y / N
12. Does the athlete have only one of any paired organs (if yes, circle: eye, ear, kidney, testicle, ovary)?	Y / N
13. Does the athlete wear eye glasses or contact lenses?	Y / N
14. Is the athlete taking any medications? If yes, what:	Y / N
15. Does the athlete have any allergies to: If yes, please list below. Medications: _____ Foods: _____ Environmental: _____ Insects: _____	Y / N
16. Has the athlete had any operations/surgery? If yes, describe:	Y / N
17. Has the athlete had a tetanus booster in the last 10 years? Date:	Y / N
18. Has the athlete been diagnosed with an unexplained seizure disorder?	Y / N

**Are there any relatives with certain conditions such as:**

Enlarged Heart: <b>Hypertrophic cardiomyopathy (HCM)</b>	Y/N
<b>Dilated cardiomyopathy (DCM)</b>	Y/N
Heart Rhythm problems: <b>Long QT syndrome (LQTS)</b>	Y/N
<b>Short QT syndrome</b>	Y/N
<b>Brugada syndrome</b>	Y/N
<b>Catecholaminergic ventricular tachycardia</b>	Y/N
<b>Arrhythmogenic right ventricular cardiomyopathy (ARVC)</b>	Y/N
Pacemaker or implanted defibrillator	Y / N
<b>Deaf at birth: congenital deafness</b>	Y/N
<b>Marfan syndrome (aortic rupture)</b>	Y/N

Parent Sign

Patient Sign

Date

Staff Review

MD Review