



## Pediatric Cardiac Risk Assessment Form

Complete this form for each person under the age of 50, including children, periodically during well child visits including neonatal, preschool, before and during middle school, before and during high school, before college and every few years through adulthood. If you answer "Yes" or "Unsure" to any questions, read the back of this form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Individual History Questions:	Yes	No	Unsure
Has this person fainted or passed out DURING exercise, emotion or startle?			
Has this person fainted or passed out AFTER exercise?			
Has this person had extreme fatigue associated with exercise (different from others of similar age)?			
Has this person ever had unusual or extreme shortness of breath during exercise?			
Has this person ever had discomfort, pain or pressure in his chest during exercise, or complained of his heart "racing or skipping beats"?			
Has a doctor ever told this person they have: <input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> a heart murmur or <input type="checkbox"/> a heart infection? (Check which one, if any.)			
Has a doctor ever ordered a test for this person's heart? If yes, what test and when?			
Has this person ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma? If yes, which one and when?			
Has this person ever been diagnosed with any form of heart/cardiovascular disease? If yes, what was the diagnosis?			
Is this person adopted, or was an egg or sperm donor used for conception?			
<b>Family History Questions (think of grandparents, parents, aunts, uncles, cousins and siblings):</b>			
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDS, car accident, drowning, passing away in their sleep, or other)			
Are there any family members who died suddenly of "heart problems" before age 50?			
Are there any family members who have had unexplained fainting or seizures?			
Are there any family members who are disabled due to "heart problems" under the age of 50?			
<b>Are there <u>any</u> relatives with certain conditions such as:</b>			
Check the appropriate box: <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) <input type="checkbox"/> Dilated cardiomyopathy (DCM)			
Check the appropriate box: <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC), <input type="checkbox"/> Long QT syndrome (LQTS), <input type="checkbox"/> Short QT syndrome, <input type="checkbox"/> Brugada syndrome, <input type="checkbox"/> Catecholaminergic ventricular tachycardia			
Coronary artery atherosclerotic disease (Heart attack, age 50 years or younger)			
Check the appropriate box: <input type="checkbox"/> Aortic rupture or Marfan syndrome <input type="checkbox"/> Ehlers-Danlos syndrome <input type="checkbox"/> Primary pulmonary hypertension <input type="checkbox"/> Congenital deafness (deaf at birth)			
<input type="checkbox"/> Pacemaker or <input type="checkbox"/> implanted cardiac defibrillator (if yes, whom and at what age was it implanted?)			
Other form of heart/cardiovascular disease or mitochondrial disease			
Has anyone in the family had genetic testing for a heart disease? If yes, for what disease? _____ Was a gene mutation found?      Yes      NO			
<b>Explain more about any "yes" answers here:</b>			
<b>Physical Exam from Physician should include: (to be performed by a physician – made available here for the purpose of parent/patient education to ensure all evaluations have been completed)</b>			
Evaluation for heart murmur in both supine and standing position and during valsalva			
Femoral pulse			
Brachial artery blood pressure – taken in both arms			
Evaluation for Marfan syndrome stigmata			
<b><u>Turn form over if you answered "yes" or "unsure" to one or more questions</u></b>			

This form includes all items suggested in the American Heart Association Recommendations for Preparticipation Screening for Cardiovascular Abnormalities in Competitive Athletes– 2007 Update Circulation 2007:115

For more information, visit [www.choa.org/cardiology](http://www.choa.org/cardiology), email [info@kidsheart.com](mailto:info@kidsheart.com) or call 404-256-2593 (800-542-2233).

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**If you answered “yes” or “unsure” to one or more questions on this form, you may be wondering what to do next.**

**Step One** – Contact your health care provider, normally your General Physician, Family Practitioner or Pediatrician and discuss the form. Talk about areas of risk you have identified and discuss having a full cardiac exam by a cardiac professional. Some physicians may be comfortable ordering cardiac testing and interpreting the results and some may not, therefore a referral may be needed to a cardiologist.

**Step Two** – Based upon your insurance provider, either ask your doctor for a referral for a complete cardiac evaluation by a cardiologist or seek the appointment on your own. This appointment should include basic cardiac testing based on the individual’s history but normally includes a consult with the cardiologist, an electrocardiogram (ECG), echocardiogram (echo) and in some cases stress testing and additional cardiac imaging such as CT scans or cardiovascular magnetic resonance imaging (cMRI).

**Step Three** – Communicate your history to the rest of your family so they can seek appropriate screening.

**Things you should know about additional testing for sudden cardiac arrest (SCA) risks:**

1. Nearly all tests are painless, noninvasive and require no needles.
2. Tests are an evaluation of the heart at that moment in time and things may change over time, therefore you may need to repeat the testing on yourself or your child at intervals throughout life.
3. The knowledge of cardiac diseases that cause sudden cardiac arrest is evolving, and testing may change over time. The definition of normal or abnormal may also change.
4. If you and/or your loved one are found to be at risk for SCA, there are things you can do to help prevent SCA including:
  - a. Taking medication
  - b. Having an implantable cardioverter defibrillator (ICD) implanted (a pacemaker-like device that can provide a lifesaving shock if you experience SCA)
  - c. Making lifestyle modifications to reduce risk (for example, some may need to refrain from *competitive* sports)

Special note: If you answered “unsure” to questions about health history, discuss the details with complete candor with your health care provider. Cases of adoption, egg or sperm donation, or uncertain paternity are areas of specific concern as the health information that may have been available at the time of adoption, donation or last contact with the father may have changed and you may be unaware. We suggest that you err on the side of caution and seek baseline cardiac testing in these cases.

**For more information:**

Call Sibley Heart Center Cardiology at 404-256-2593 or 800-542-2233

Email [info@kidsheart.com](mailto:info@kidsheart.com)

Visit [www.choa.org/cardiology](http://www.choa.org/cardiology) to print additional copies.