



Pediatric and Adolescent Medicine
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Athletic Pre-Participation Cardiac Risk Assessment Questionnaire

Childs Name: _____

Patient History Questions: Tell me about any of these in your Child...

		YES	NO
1.	Has your child fainted or passed out during or after exercise, emotion or startle?		
2.	Has your child ever had extreme shortness of breath and/or discomfort, pain or pressure in the chest during exercise?		
3.	Has your child had extreme fatigue associated with exercise (different from other children)?		
4.	Has a doctor ever ordered a test for your Child's heart?		
5.	Has your child ever been diagnosed with an unexplained seizure disorder? Or, exercise-induced asthma not well controlled by medication?		

Family History Questions: Tell me about any of these in your Family...

		YES	NO
6.	Are there any family members who had a sudden, unexpected, unexplained death before age 50 (including SIDS, car crash, drowning, , others) or near drowning?		
7.	Are there family members who died suddenly of "heart problems" before age 50?		
8.	Are there any family members who have had unexplained fainting or seizures?		
9.	Are there any relatives with certain conditions such as:		
a.	Enlarged Heart (Hypertrophic Cardiomyopathy)		
b.	Dilated Cardiomyopathy		
c.	Heart Rhythm Problems: Long QT Syndrome and/or Short QT Syndrome		
d.	Brugada Syndrome		
e.	Catecholaminergic Ventricular Tachycardia		
f.	Arrhythmogenic Right Ventricular Cardiomyopathy		
g.	Marfan Syndrome (Aortic Rupture)		
h.	Heart Attack, age 50 or younger		
i.	Pacemaker or Implant Defibrillator		
j.	Deaf at Birth (Congenital Deafness)		

Please explain more about any "YES" answers here:

Parent Signature: _____

Physician Signature: _____

Date: _____