

### Cardiology Questionnaire

Patient Name	Patient Phone Number	SSN	Primary Care Physician
Height	Weight	Gender (Circle one) M F	Primary Care Physician Phone

Has it been more than 2 years since you had a physical exam that included a blood pressure reading and listening to your heart?	Yes	No
Have your parents or has a physician ever told you that you have a heart murmur?	Yes	No
Has a physician or coach ever restricted your participation in athletics?	Yes	No
Have you ever had chest pain/pressure at rest or with exercise?	Yes	No
Have you ever had an irregular heart beat at rest or with exercise?	Yes	No
Have you ever become light headed at rest or with exercise?	Yes	No
Have you ever stopped exercising because of wheezing or shortness of breath?	Yes	No
Have you ever fainted or passed out during exercise or after having been startled?	Yes	No
Have you ever been told that you have abnormal blood pressure, cholesterol or blood sugar?	Yes	No
Have you ever had a seizure?	Yes	No
Do you or anyone in your family have hearing loss?	Yes	No
Has anyone in your family died before age 60?	Yes	No
Has anyone in your family had unexplained fainting or seizures?	Yes	No
Has anyone in your family had an abnormally thickened or weakened heart?	Yes	No
Does anyone in your family have Marfan's Syndrome or connective tissue disease?	Yes	No

What sport(s) do you plan on playing?

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If the answer to any of the above questions is "yes", please give more details in the space below.

\_\_\_\_\_

\_\_\_\_\_

Signature of student: \_\_\_\_\_ Date \_\_\_\_\_  
(if student is 18 years of age or older)

**Parent or legal guardian signature:** (if student is under 18 years of age)

\_\_\_\_\_  
Parent or legal guardian's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signed by someone other than parent/guardian, please describe your relationship to the student:

\_\_\_\_\_