

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_ Male \_\_\_ Female WEIGHT (lb): \_\_\_\_\_ HEIGHT (in): \_\_\_\_\_

RACE/ETHNICITY: \_\_\_African-American/Black \_\_\_Caucasian/White \_\_\_Hispanic/Latino  
\_\_\_Asian/Pacific Islander \_\_\_Native American \_\_\_Other: please specify \_\_\_\_\_

## MEDICAL HISTORY

Do you have any ongoing medical illnesses? YES NO

If yes, what illness? Asthma ADHD Diabetes High Blood Pressure Other: \_\_\_\_\_

Are you taking any medications? YES NO

If yes, what medications? \_\_\_\_\_

## Heart Health Questionnaire

Do you get chest pain when you exercise? YES NO

Have you ever passed out during or immediately after exercise? YES NO

Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse? YES NO

Does your heart ever race (beat fast) when not related to exercise? YES NO

Have you ever had a seizure? YES NO

Has a doctor ever ordered a test for your heart? (i.e., ECG or ECHO)? YES NO

Have you ever been diagnosed with the following? (please circle all that apply) YES NO

*Heart Problem High Blood Pressure High Cholesterol Kawasaki Disease Heart Infection*

Has anyone in your family died from a heart problem before age 50? YES NO

Has a family member died suddenly for an unknown reason before age 50 (including sudden infant death syndrome (SIDS), unexplained car accident or drowning)? YES NO

Does a family member have any of the following medical conditions? (Please Circle) YES NO

*Hypertrophic Cardiomyopathy Long QT Syndrome Brugada Syndrome*

*Dilated Cardiomyopathy Short QT Syndrome Marfan Syndrome*

*Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)*

*Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*