Patient Name: _____ DOB: _____/_____/_____

Today's date:___/___/___ Name of Doctor you are seeing today:_____

Cardiac Family History

Is there a family history of the following:

	Y	N
-Cardiomyopathy	☐	☐
-Marfan's Syndrome	☐	☐
-Long QT Syndrome	☐	☐
-Short QT Syndrome	☐	☐
-Clinically significant arrhythmias- e.g., WPW (Wolf Parkinson White Syndrome)	☐	☐
-Premature sudden unexpected death (usually before age 50) including drowning, single car accidents, dying while sleeping	☐	☐
-Stent placement or Heart attacks/MI	☐	☐
-Stent placement or Heart attacks/MI for males <55, females <65	☐	☐

Is there a personal (patient) history of the following:

-Syncope (especially more than once)	☐	☐
-Current heart Murmur	☐	☐
-High Blood Pressure	☐	☐
-Congenital Heart disease	☐	☐
-Coronary Artery Abnormality	☐	☐
-Hypertrophic Cardiomyopathy	☐	☐
-Kawaski Disease	☐	☐
-Myocarditis	☐	☐
-Seizures	☐	☐
-Palpitation/skipped heart beat	☐	☐
-Exertional Chest pain	☐	☐
-Lightheaded with exercise	☐	☐
-History of EKG preformed	☐	☐

Parent's signature_____

FOR OFFICE USE ONLY:

☐ **CLEARED** ☐ **NOT CLEARED** ☐ **RECOMMENDATIONS:** _____

DOCTORS SIGNATURE: _____