

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, shoulder, back or jaw during exercise, or complained of their 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 all that apply)			
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?			
Family History Questions (think of grandparents, parents, aunts, uncles, cousins and siblings):			
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?			
Are there <u>any</u> relatives with certain conditions such as:			
Check the appropriate box(es): <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) <input type="checkbox"/> Dilated cardiomyopathy (DCM) <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 polymorphic ventricular tachycardia <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)			
Coronary artery atherosclerotic disease (Heart attack, age 50 years or younger)			
<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? Circle one: YES/NO			
Explain more about any "yes" answers here:			
Physical Exam from Physician should include:	Normal	Abnormal	
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			

Questions shaded in gray represent questions that we believe are of more significance and concern and a referral for cardiac evaluation should be considered.

Person Completing Form: _____

Print Name

Updated 05.11.17



PURPOSE STATEMENT FOR USE OF PEDIATRIC CARDIAC RISK ASSESSMENT FORM

The Cardiovascular Risk Assessment Form was developed for the purpose of identifying patients/families at risk for sudden cardiac arrest, due to the presence of underlying cardiac disorder. This form was developed through the collaboration of several organizations to identify warning signs and symptoms in the patient and family and possible physical findings that might alert the healthcare provider to the presence of one of these cardiac disorders.

This form is relatively extensive and requires complete and correct information from families completing the form. Questions shaded in gray represent questions that we believe are of more significance and concern; yes answers to these questions should prompt a referral for a comprehensive cardiac evaluation.

We have also seen through the years that there are FOUR KEY QUESTIONS that are more likely to identify patients affected by cardiac disorders predisposing to sudden cardiac arrest. These are:

- 1. Have you ever fainted, passed out, or had a seizure suddenly without warning, especially during exercise or in response to auditory triggers such as door bells, alarm clocks, and ringing telephones?**
- 2. Have you ever had exercise induced chest, shoulder, jaw or back pain during or immediately after exercise?**
- 3. Are you related to anyone with sudden unexplained and unexpected death before the age of 50 years?**
- 4. Are you related to anyone who has been diagnosed with a sudden death predisposing heart conditions such as hypertrophic cardiomyopathy, long QT syndrome, or CPVT?**

You may also be interested in two recent articles that provide more detail about pediatric sudden cardiac arrest, with specific emphasis on identification of patients and/or family members potentially affected by these cardiac disorders. If you would like a reprint of either article, please contact Richard Lamphier at richard.lamphier@choa.org. These publications are listed below:

1. Campbell RM, Berger S, Ackerman MJ. "Pediatric Sudden Cardiac Arrest". *Pediatrics* Vol. 129 No. 4 April 1, 2012. pp. e1094-e1102.
2. Dalal A, Czossek RJ, Kovach J, von Alvensleben JC, Valdes S, Ethridge SP, Ackerman MJ, Auld D, Huckaby J, McCracken C, Campbell R. Clinical Presentation of Pediatric Patients at Risk for Sudden Cardiac arrest. *J Pediatr*. 2016 Oct;177:191-6.

This form includes all screening questions suggested in the American Heart Association Recommendations for Preparticipation Screening for Cardiovascular Abnormalities in Competitive Athletes — *Circulation* 2007:115

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

TURN FORM OVER TO COMPLETE ASSESSMENT