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**Pediatric Sudden Cardiac Death Risk Assessment Form**

## Parents, answer these questions (or have your child’s doctor help complete them) every few years at these times: preschool, before/during middle school, before/during high school and before participating in organized sports.

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| --- | --- | --- |
| **Patient History Questions:** | **Yes** | **No** |
| Has your child fainted or passed out DURING exercise, emotion or startle? |  |  |
| Has your child fainted or passed out AFTER exercise? |  |  |
| Has your child had extreme fatigue associated with exercise (different from other children)? |  |  |
| Has your child ever had unusual or extreme shortness of breath during exercise? |  |  |
| Has your child ever had discomfort, pain or pressure in their chest during exercise? |  |  |
| Has a doctor ever ordered a test for your child’s heart? |  |  |
| Has your child ever been diagnosed with an unexplained seizure disorder? |  |  |
| **Family History Questions** |  |  |
| Are there any family members who had an unexpected, unexplained death before age 50? (include SIDS, car accident, drowning, others) |  |  |
| Are there any family members who died of heart problems before age 50? |  |  |
| Are there any family members who have had unexplained fainting or seizures? |  |  |
| Are there any relatives with any of these conditions: |  |  |
| Hypertrophic cardiomyopathy (HCM) |  |  |
| Dilated cardiomyopathy (DCM) |  |  |
| Aortic rupture or Marfan syndrome |  |  |
| Arrhythmogenic right ventricular cardiomyopathy |  |  |
| Long QT syndrome (LQTS) |  |  |
| Short QT syndrome |  |  |
| Brugada syndrome |  |  |
| Catecholaminergic ventricular tachycardia |  |  |
| Primary pulmonary hypertension |  |  |
| Pacemaker |  |  |
| Congenital deafness |  |  |
| **Please explain more about any “yes” answers here:** |

**If you answer yes to any of these questions, your doctor should check your child’s heart.**

## For more information or if you need a referral to a heart specialist, Contact us at (804) 628-4787