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Patient Name	Date of Birth

Cardiac Screening Questionnaire

Has anyone in your family died from heart disease before age 50? *Explain:*	☐ Yes ☐ No
Does anyone in your family have a cardiac condition or problems with their heart? *Explain:*	☐ Yes ☐ No
Has anyone in your family died suddenly before age 50 for an unexplained reason? *Explain:*	☐ Yes ☐ No
Have you been told your child has/had a heart murmur or heart disease? *Explain:*	☐ Yes ☐ No
Has a doctor ever ordered a test for your child's heart? *Explain:*	☐ Yes ☐ No
Has your child ever become dizzy or passed out during or after exercise? *Explain:*	☐ Yes ☐ No

Has your child ever experienced:

		Explain
Chest pain, pressure or discomfort	☐ Yes ☐ No	
Rapid or irregular heartbeat	☐ Yes ☐ No	
Shortness of breath	☐ Yes ☐ No	
Wheezing	☐ Yes ☐ No	
Ankle/leg swelling	☐ Yes ☐ No	
Unusual fatigue	☐ Yes ☐ No	
Lightheadedness or dizziness	☐ Yes ☐ No	

Signature of Legal Guardian Date

Print Name of Legal Guardian