

New Braunfels Child & Adolescent Psychiatry, PLLC

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Pediatric Sudden Cardiac Death Risk Assessment

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient History Questions: Tell me about any of these in your child...	Y	N
Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
Has your child ever had extreme shortness of breath during exercise?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had discomfort, pain or pressure in his chest during exercise?		
Has a doctor ever ordered test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder? Or exercise-induced asthma not well controlled on medication?		
Family History Questions: Tell me about any of these in your family....	Y	N
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (Including SIDS, car accident, drowning, others) or near drowning?		
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 relatives with certain conditions such as:		
Enlarged Heart: Hypertrophic cardiomyopathy (HCM)		
Dilated cardiomyopathy (DCM)		
Heart Rhythm problems: Long QT syndrome (LQTS)		
Short QT syndrome		
Brugada syndrome		
Catecholaminergic ventricular tachycardia		
Arrhythmogenic right ventricular cardiomyopathy (ARVC)		
Marfan syndrome (aortic rupture)		
Heart attack, age 50 or younger		
Pacemaker or implanted defibrillator		
Deaf at birth (congenital deafness)		

Please explain more about any "yes" answers here:

Parent Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_