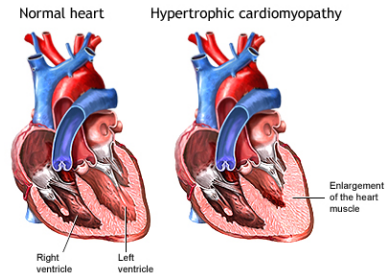


Parents: Please Read This Important Information:

Hypertrophic Cardiomyopathy (HCM) – Leading cause of Sudden Death in people 35 years old and younger. (American Heart Association)

1-500 Americans have this condition. (American Heart Association) The centers for Disease Control and Prevention has estimated that every year in the United States, approximately 2000 patients younger than 25 will die from sudden cardiac arrest (SCA). (American Academy of Pediatrics)



ADAM.

“PREVENT THE EVENT”

SCREENING 4 LIFE can provide these tests with a Board Certified Cardiologist review for \$65. **We will provide this service for free to those that have a family history of SCA or scored high on the questionnaire.**

We are a local company with healthcare professionals that have provided advanced diagnostic imaging to Texas and New Mexico for over thirty years. Please visit our web-site at www.screening4life.us

Healthy Heart Check / History Questionnaire

Student's Name: _____ DOB: _____ Gender: _____

Height (inches): _____ Weight (pounds): _____

1. Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart?	YES	NO
2. Have your parents or has a physician ever told you that you have a heart murmur?	YES	NO
3. Has a physician ever suggested that you not participate in athletic competition?	YES	NO
4. Have you had chest pain/pressure, dizziness or racing or “skipped beats” at rest or with exercise?	YES	NO
5. Have you ever fainted or passed out during exercise or after having been frightened or surprised?	YES	NO
6. Have you ever fainted or passed out after exercise?	YES	NO
7. Have you been told that you have high blood pressure, high cholesterol or diabetes? (circle those that apply)	YES	NO
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma?	YES	NO
9. Do you use or have you ever used cocaine, anabolic steroids, tobacco, or energy drinks? (circle those that apply)	YES	NO
10. Has anyone in your family had sudden unexpected death before age 45?	YES	NO
11. Has anyone in your immediate family had unexplained fainting or seizures?	YES	NO
12. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome?	YES	NO
13. What sport(s) do you plan on playing?		

If the answer to any of the above questions is yes, please give more details in space below:

****Please bring this questionnaire completed and a copy of your sports physical to your appointment****

Student Signature

Date

Parent/guardian Signature

Date