

# Sudden Cardiac Death Risk Assessment Form



Is your child at risk? If unsure, talk to your child and/ or family members as you fill out this form.

If you or your child answer “Yes” to ANY of these specific questions, your child could have risk factors for cardiac arrest. Please review your results with your regular health care provider.

Risk Assessment for (Name of Child) _____	Yes	No
Has your child ever fainted or passed out DURING exercise, emotional stress or when startled?		
Has your child ever fainted or passed out AFTER exercise?		
Has your child ever said they had frequent trouble breathing, coughing or wheezing during exercise?		
Does your child tire more quickly than others when exercising?		
Has your child ever had tightness, discomfort, pain or pressure in his/her chest during or after exercise?		
Has your child ever had an unexplained seizure?		
Have you ever been told your child has high blood pressure?		
Have you ever been told your child has high cholesterol?		
Does your child have, or has your child ever told you they had racing of his/her heart or skipped beats?		
Have you ever been told your child has a heart arrhythmia (irregular heartbeat)?		
Does your child have any other history of heart problems?		
Has your child routinely taken any medications in the past two years?		

Continued on reverse...

Family History (Answer in reference to child's family - both paternal and maternal)	Yes	No
Are there any family members who had a sudden, unexpected, or unexplained death before age 50? (including SIDS, car accident, drowning, others)		
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)		
Wolff-Parkinson-White Syndrome		
Heart attack, age 50 or younger		
Pacemaker or implanted defibrillator		
Have any family members been treated for an irregular heart		
beat? Have any family members had heart transplantation?		
Have any family members had heart surgery?		
Are there any family members who were deaf at birth (congenital deafness)?		

<p><b>Please explain any "Yes" answers here:</b></p>          
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**Please feel free to bring this form with you to your physician's or health care provider's office.**