

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

## Preparticipation Sports History

PARENTS: Please answer the following questions about your child by placing a check if the answer is Yes.

### Family History (parent to complete)

1. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, long QT syndrome, short QT syndrome, Brugada syndrome, or clinically important arrhythmias (abnormal heart rhythms)? \_\_\_\_\_
2. Has any family member or relative died of heart problems or had an unexpected sudden death before age of 50? \_\_\_\_\_
3. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? \_\_\_\_\_

### Patient History (PATIENT **MUST** COMPLETE)

1. Have you ever passed out or nearly passed out DURING or AFTER exercise? \_\_\_\_\_
2. Do you have chest pain or discomfort during exercise? \_\_\_\_\_
3. Do you get lightheaded, more tired or short of breath than expected during exercise? \_\_\_\_\_
4. Does your heart race or skip beats during exercise? \_\_\_\_\_
5. Have you had a heart murmur or high blood pressure? \_\_\_\_\_
6. Have you ever had an unexplained seizure? \_\_\_\_\_

My answers to the above questions are complete and correct.

\_\_\_\_\_  
Signature of PATIENT

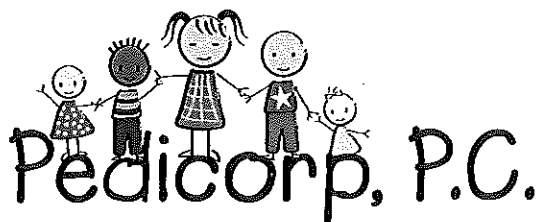
\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date



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