

Sudden Cardiac Event

Child's Name: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best describes you/your child:

Is the patient related to anyone with an inherited or genetic heart disease (see examples below), or to anyone who needed a pacemaker or implantable defibrillator before 50 years old?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how are these people related to the patient?	Sibling, Parent, Aunt, Uncle or Grandparent <input type="checkbox"/>	Other relative <input type="checkbox"/>	Unsure <input type="checkbox"/>
Has anyone in the patient's family under the age of 50 died of heart problems or had a sudden, unexpected death? This would include unexplained drownings, unexpected car crashes in which the relative was driving, or SIDS.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how are these people related to the patient?	Sibling, Parent, Aunt, Uncle or Grandparent <input type="checkbox"/>	Other relative <input type="checkbox"/>	Unsure <input type="checkbox"/>
Has the patient ever fainted or passed out suddenly and without warning during exercise or in response to loud noises such as doorbells, alarms, or ringing telephones?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

***Examples of inherited and genetic heart disease include CHM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic cardiomyopathy (ACM) or arrhythmogenic RV cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome, Brugada, syndrome (BrS), or catecholaminergic polymorphic ventricular tachycardia (CPTV).*