

AHA Pre-Participation Screening

Patient's Name: _____

Date of Birth: _____ Today's Date: _____

	Yes	No
1. Does the patient get chest pain/discomfort/tightness/pressure related to exertion?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the patient had unexplained syncope (passing out) or near-syncope (nearly passing out)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient get excessive and unexplained shortness of breath/fatigue or palpitations associated with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the patient been told they have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the patient been told they have elevated blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the patient been previously restricted from participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the patient had prior testing for the heart, ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has one or more relatives of the patient had premature death (sudden and unexpected, or otherwise) before 50 years of age attributable to heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a close relative of the patient, <50 years of age had disability from heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does a family member of the patient have any of these heart conditions: hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members?	<input type="checkbox"/>	<input type="checkbox"/>