



Complete this form periodically during well child visits including neonatal, preschool, before and during middle school, before and during high school, before college and every few years through adulthood. If you answer **YES** or **UNSURE** to any questions, contact your health provider.

Name: \_\_\_\_\_

Age & Date: \_\_\_\_\_

| INDIVIDUAL HISTORY   |  | (Office Use Only)                         |
|--|--|---|
| Has this person fainted or passed out DURING exercise, emotion or startle?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R55                                       |
| Has this person fainted or passed out AFTER exercise?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R55                                       |
| Has this person had extreme fatigue associated with exercise (different from peers)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | F53.83                                    |
| Has this person ever had unusual or extreme shortness of breath during exercise?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R06.02                                    |
| Has this person ever had discomfort, pain or pressure in chest during exercise?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R07.9                                     |
| Has this person ever complained of a racing heart or “skipping beats”?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R00.0                                     |
| Has a doctor ever told this person they have:<br><input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> heart murmur <input type="checkbox"/> heart infection |  | Z86.79<br>I10; E78.0; R01.1; I33.0; I51.4 |
| Has a doctor ever ordered a test for this person’s heart?  |  |   |
| Has this person ever been diagnosed with an unexplained seizure disorder? If yes, when?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | R56.9                                     |
| Has this person ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | J45.990                                   |
| Has this person ever been diagnosed with any form of heart/cardiovascular disease?<br>If yes, when and what was the diagnosis?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z86.79                                    |
| Is this person adopted, or was an egg or sperm donor used for conception?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z86.79                                    |

| FAMILY HISTORY (think of parents, siblings, grandparents, aunts/uncles, cousins)   |  |                       |
|--|--|-----------------------|
| Are there any family members who had a sudden, unexpected or unexplained death before age 50?<br>(including SIDS, car accident, drowning, passing away in sleep) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z82.41; Z84.82        |
| Are there any family members who died suddenly of “heart problems” before age 50?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z84.49; Z84.81        |
| Are there any family members who have had unexplained fainting or seizures?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z82.49                |
| Are there any family members who are disabled due to “heart problems” under the age of 50?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |                       |
| Are there any relatives with these conditions:   |  |                       |
| Hypertrophic cardiomyopathy (HCM)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I42.2                 |
| Dilated cardiomyopathy (DCM)   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I42.0                 |
| Arrhythmogenic right ventricular cardiomyopathy (ARVC)   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z84.81                |
| Long QT syndrome (LQTS)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z84.81                |
| Short QT syndrome  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I45.81 or Z84.81      |
| Brugada syndrome   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I49.8 or Z84.81       |
| Catecholaminergic ventricular tachycardia  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I47.2 or Z84.81       |
| Coronary artery atherosclerotic disease (heart attack, age 50 or younger)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | P29.81; I46.9; Z82.49 |
| Aortic rupture or Marfan syndrome  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I71.8; Q87.40; Z82.79 |
| Ehlers-Danlos syndrome   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Q79.6                 |
| Primary pulmonary hypertension   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | I27.0                 |
| FH of deafness   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z82.2                 |
| Pacemaker or implanted cardiac defibrillator (if yes, who and at what age was it implanted?)   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z95.0; Z82.49         |
| Has anyone in the family had genetic testing for heart disease?<br>Which one? Was a gene mutation found?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Z84.81; Z82.49        |
| Explain more about any “yes” answers:  |  |                       |

| FOR OFFICE USE Physical Exam from Physician should include:                          |   |               |
|--|---|---------------|
| Evaluation for heart murmur in both supine and standing position and during valsalva | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | R01.1; Z03.89 |
| Femoral pulse  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | R03.0         |
| Brachial artery blood pressure—taken in both arms                                    | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 110           |
| Evaluation for Marfan syndrome stigmata  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Q87.40        |

CPT Codes for ECG: Global 93000 • Technical Component 93005 • Professional Component 93010 • ICD-10-CM Codes: Z13.6 with above codes or Z03.89 alone as primary code-heart disease observation