

Social Documentation:

Who lives at home with the patient? _____

If the patient attends school: School Name: _____ Grade /year: _____

Caffeine use by patient: Never: _____ Occasionally: _____ Daily: _____

Physical Activity in which the patient participates:

Informal Recreation: _____

P.E. Classes: _____

Sports (please list): _____

Dance: _____

Other Activity: _____

Family History: Note relationship to patients for example mother, uncle, grandmother

Congenital Heart Disease: _____

Heart Attacks: _____

Stroke: _____

Arrhythmia: _____

Sudden Cardiac Death: _____

High Blood Pressure: _____

Cardiomyopathy: _____

Marfan syndrome: _____

Diabetes: _____

Lipid Disorder: _____

Other Problems: _____

Father: Alive? Yes No Age _____

Mother: Alive? Yes No Age _____

Brother: Alive? Yes No Age _____

Sister: Alive? Yes No Age _____

Medications Currently Taking or Prescribed:

Medication: _____ Amount: _____ Times/ Daily: _____ Taking: Yes or No

Medication: _____ Amount: _____ Times/ Daily: _____ Taking: Yes or No

Medication: _____ Amount: _____ Times/ Daily: _____ Taking: Yes or No

Medication: _____ Amount: _____ Times/ Daily: _____ Taking: Yes or No

OTHER:

Allergies:

To Medications _____

Other Allergies: _____

Parent/Patient Signature _____ Date _____