

ADHD and Cardiac Risk Factors



Patient Name: _____ DOB: _____

	Yes	No	Unsure
1. Has your child ever passed out during exercise, or stopped exercising because of dizziness?			
2. Has your child ever stopped exercising because of shortness of breath or chest pain?			
3. Has your child ever experienced racing of the heart or skipped heartbeats?			
4. Has your child ever been diagnosed with high blood pressure or high cholesterol?			
5. Has your child ever been told they have a heart murmur?			
6. Has your child ever had a severe viral infection with chest pains or palpitations?			
7. Has your child ever had seizures?			
8. Has your child ever had rheumatic fever?			
9. Does your child get tired more quickly than friends do during exercise or complain of shortness of breath?			
10. Does your child take any prescribed medication or inhaler?			
11. Does your child have a chronic illness?			
12. Has your child ever had prior limitation from sports participation?			
13. Does your child take any non-prescribed health supplements?			
14. Is there a family history of hypertrophic or other cardiomyopathy?			
15. Is there a family history of sudden cardiac death in someone young?			
16. Is there a family history of heart attack in members less than 35 years old?			
17. Is there a family history of sudden death during exercise?			
18. Is there a family history of abnormal heart rhythms, short or long QT syndrome, Brugada syndrome, or Wolf Parkinson White syndrome?			
19. Is there a family history of Marfan's syndrome?			
20. Is there a family history of an event requiring resuscitation in someone less than 35 years old, including fainting requiring resuscitation?			

Please explain any YES answers in the space provided here:

Parent/Guardian's statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand there are risks of serious injury and death with any medication. I also understand that completing this form is no guarantee my child will not have some other adverse health event while taking a stimulant medication.

Signature of Parent/Guardian _____ Date _____