University of California Irvine
Demographics and Heart Health History Form

Echocardiogram Screening of Young Athletes for Cardiac Abnormalities in a Community Setting

Please complete the following questions regarding the individual being screened:

CONTACT INFORMATION

Student Name:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Mobile Phone:_____

Parent/Guardian Name:_____ Email Address:_____

DEMOGRAPHICS

Age:_____ Gender: ☐Male ☐Female

Height:_____ Weight:_____

Race/ethnicity: (check all that apply)

☐ African-American/Black
☐ Caucasian/White
☐ Hispanic/Latino
☐ Asian/Pacific Islander
☐ Native American
☐ Other: Please Specify: _____

SPORTS & PHYSICAL ACTIVITY

1) Do you play on an organized sports team or compete in an individual sport?
☐ Yes ☐ No

If yes, what level: ☐ Club/Select ☐ Recreational/Intramural
☐ High School ☐ College ☐ Professional

If yes, what sport(s) do you play competitively or on an organized team?
(check all that apply)

☐ Baseball	☐ Golf	☐ Skiing
☐ Basketball	☐ Gymnastics	☐ Squash
☐ Cheer	☐ Hockey	☐ Swimming/Diving
☐ Cross Country	☐ Lacrosse	☐ Tennis
☐ Cycling	☐ Martial Arts	☐ Track
☐ Football	☐ Rowing	☐ Volleyball
☐ Field Hockey	☐ Rugby	☐ Wrestling
☐ Fencing	☐ Soccer	☐ Other:_____
☐ Frisbee	☐ Softball	

2) Exercise and physical activity per week. On average I get… (check one)
☐ More than 10 hours of exercise or physical activity per week.
☐ 5-10 hours of exercise or physical activity per week.
☐ 2-5 hours of physical activity per week.
☐ Less than 2 hours of exercise or physical activity per week.

PAST MEDICAL HISTORY

Do you have any ongoing medical illnesses? ☐ Yes ☐ No

What illness? ☐ Asthma ☐ ADHD ☐ Diabetes ☐ High Blood Pressure

☐ Pre-existing heart condition:_____

Other:_____

Are you taking any medication? ☐ Yes ☐ No

If yes, what medication?_____

HEART HEALTH QUESTIONS	**Yes**	**No**
1. Have you ever passed out during exercise?		
2. Have you ever had a seizure that is unexplained?		
3. Has a family member suffered cardiac arrest or died from a heart problem before the age of 40?		
4. Do you get chest pain/discomfort with exertion?		
5. Have you had unexplained syncope (passing out) or near-syncope (nearly passing out)?		
6. Do you get excessive/unexplained exertional shortness of breath or fatigue associated with exercise?		
7. Have you been told you have a heart murmur?		
8. Have you been told you have elevated blood pressure?		
9. Has a family member had premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease?		
10. Has a family member had disability from heart disease at <50 years of age?		
11. Does a family member have any of these heart conditions: Hypertrophic or dilated cardiomyopathy, Long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias.		