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Sudden Cardiac Arrest Risk in the Young Assessment Form

To assess the risk of sudden cardiac arrest complete this form for each person under the age of 50, including children, periodically at suggested intervals 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 please refer to the back of this form*.

Name:_____ Age:_____ Date:_____

Individual History Questions:	**Yes**	**No**	**Unsure**
Has this person fainted or passed out DURING exercise, emotion or startle?			
Has this person fainted or passed out AFTER exercise?			
Has this person had extreme fatigue associated with exercise? (different from others of similar age)			
Has this person ever had unusual or extreme shortness of breath during exercise?			
Has this person ever had discomfort, pain or pressure in his chest during exercise, or complained of his heart "racing or skipping beats"?			
Has a doctor ever told this person they have: □ high blood pressure □ high cholesterol □ a heart murmur or □ a heart infection? (Check which one, if any "yes" answer.)			
Has a doctor ever ordered a test for this person's heart? If yes, what test and when?			
Has this person ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma? If yes, which one and when?			
Has this person ever been diagnosed with any form of heart/cardiovascular disease? If yes, what was the diagnosis:			
Is this person adopted or was an egg or sperm donor used for conception?			
Family History Questions: (think of Grandparents, Parents, Aunts, Uncles, Cousins and Siblings)			
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDS, car accident, drowning, in their sleep, or other)			
Are there any family members who died suddenly of "heart problems" before age 50?			
Are there any family members who have had unexplained fainting or seizures?			
Are there any family members who are disabled due to "heart problems" under the age of 50?			
Are there <u>any</u> relatives with certain conditions such as:			
Check the appropriate box: □ Hypertrophic cardiomyopathy (HCM) , □Dilated cardiomyopathy (DCM), □Arrhythmogenic right ventricular cardiomyopathy (ARVC), □ Long QT syndrome (LQTS), □Short QT syndrome, □Brugada syndrome, □Catecholaminergic ventricular tachycardia			
Coronary artery atherosclerotic disease (Heart attack, age 50 years or younger)			
Check the appropriate box" □Aortic rupture or Marfan syndrome or □Ehlers-Danlos syndrome □ Primary pulmonary hypertension □Congenital deafness (deaf at birth)			
□Pacemaker or □implanted cardiac defibrillator (if yes, whom and at what age was it implanted?)			
Other form of heart/cardiovascular disease or mitochondrial disease			
Has anyone in the family had genetic testing for a heart/cardiovascular disease? If yes, what was tested for?_____ Was a gene mutation found: YES/NO			
Please explain more about any "yes" answers here:			
Physical Exam from Physician should include: (to be performed by a physician – made available here for the purpose of parent/patient education to ensure all evaluations have been completed)			
Evaluation for heart murmur in both supine and standing position and during valsalva			
Femoral pulse			
Brachial artery blood pressure – taken in both arms			
Evaluation for Marfan syndrome stigmata			

<u>Turn form over if there is an answer of YES or UNSURE to one or more question</u>

This form includes all items suggested in the American Heart Associations Recommendations for Preparticipation Screening for Cardiovascular Abnormalities in Competitive Athletes– 2007 Update Circulation 2007:115

<u>For more information visit the HCMA at www.4hcm.org</u>

At this point you may have answered YES or UNSURE to one or more questions on the front of this form and you may be wondering what to do next. The first thing we can tell you is don't worry – just act!

It is as easy as 1-2-3!

Step One – Contact your health care provider, normally your General Physician, Family Practitioner or Pediatrician and discuss the form including areas of risk you have identified and discuss having a full cardiac exam by a cardiac professional. Some general physicians/family practice or pediatricians may be comfortable ordering cardiac testing and interpreting the results and some may not, therefore a referral may be needed to a cardiologist.

Step Two – Based upon your insurance provider either ask your doctor for a referral for a complete cardiac evaluation by a cardiologist or seek the appointment on your own. This appointment should include basic cardiac testing based on the individual's history but normally includes a consult with the cardiologist, an electrocardiogram (ECG), echocardiogram (echo) and in some cases stress testing and additional cardiac imaging such as CT Scanning or Cardiovascular magnetic resonance CMR.

Step Three – Communicate YOUR history to the rest of your family so they can seek appropriate screening.

Things you should know about additional testing for sudden cardiac arrest risks (SCA):

1. Nearly all tests are painless, non invasive and require no needles.
2. Tests are an evaluation of the heart at that moment in time and things may change over time, therefore you may need to repeat the testing on yourself or your child at intervals through out life.
3. The knowledge of cardiac diseases that causes sudden cardiac arrest are an evolving field and testing may change over time or the definition of normal or abnormal may also change.
4. If you and/or your loved one are found to be at risk for SCA there are things you can do to help prevent SCA including:
    a. Taking medication
    b. Having an implantable cardioverter defibrillator,ICD, implanted (a pacemaker like device that can provide a lifesaving shock should you experience SCA)
    c. Making lifestyle modifications to reduce risk (refrain from *competitive* sports for some)

Special note: If you have answered UNSURE to matters of health history the details should be discussed with complete candor with your health care provider. Cases of adoption, egg or sperm donation or uncertain paternity are areas of specific concern as the health information that may have been available at the time of adoption, donation or last contact with the father may have changed and you may be unaware – therefore the HCMA suggests to err on the side of caution and seek base line cardiac testing in these cases.

If you have any questions or need additional information please feel free to contact the HCMA at 973-983-7429 or visit us online at www.4hcm.org

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