heartscan

MEDICAL QUESTIONNAIRE

Your name: _____ **Age:** _____ ☐ Male ☐ Female

DOB: _____ **Tel:** _____

Address: _____

_____

Postcode: _____ **Email:** _____

Doctor's name: _____

Address: _____

_____

Postcode: _____ **Tel:** _____

Parent/Guardian name: (if under 18 years old) _____

Are you taking any medication? ☐ No ☐ Yes

If Yes, please list here: _____

_____

Ethnic Origin: (please tick) Normal variation may occur in different ethnic groups.

☐ **White** ☐ **Black - West African** ☐ **Black - East African** ☐ **Black - Caribbean**
☐ **Asian** ☐ **East - Asian** ☐ **Mixed - Black & White** ☐ **Mixed - White & Asian**

Any other group please state: _____

_____

Are you involved in regular exercise or training?
(please complete even if you do not exercise regularly)

Name of main exercise or sport: _____

Number of sessions per week: _____

Number of hours per week: _____

Are you involved in other sports: (please describe) _____

Number of sessions per week: _____

Number of hours per week: _____

Medical questions - If you answer YES to any of the questions, please describe the circumstances.

1. Have you ever fainted?

During exercise: ☐ No ☐ Yes _____

Following exercise: ☐ No ☐ Yes _____

Unrelated to exercise: ☐ No ☐ Yes _____

2. Do you experience dizzy turns?

During exercise: ☐ No ☐ Yes _____

Following exercise: ☐ No ☐ Yes _____

Unrelated to exercise: ☐ No ☐ Yes _____

3. Do you experience palpitations? (i.e. rapid, heavy or irregular heartbeat) ☐ No ☐ Yes

4. Do you experience chest pain, heaviness or tightness?

During exercise: ☐ No ☐ Yes _____

Following exercise: ☐ No ☐ Yes _____

Unrelated to exercise: ☐ No ☐ Yes _____

5. Do you feel that you get more breathless or easily tired than your team mates? ☐ No ☐ Yes

If YES, please give details: _____

6. Is there a family history of heart disease in anyone under the age of 50? ☐ No ☐ Yes

If YES, please give details: _____

7. Are you aware of any sudden cardiac death in your family? ☐ No ☐ Yes

If YES, who and what age? _____

Signature: _____ **Date:** _____

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