

Wayzata Children's Clinic

ADHD / Cardiac History Questionnaire

Medications to treat ADHD are generally considered very safe and effective. There is no solid medical evidence that these medications can cause heart problems in an otherwise healthy person. Recently, the American Academy of Pediatrics (AAP), as well as other medical groups, has recommended an electrocardiogram (EKG) for those patients who have a personal or family history that might make them more likely to have heart problems. Wayzata Children's Clinic is following the guidelines of the AAP.

Please complete the following questionnaire, and bring it with you to discuss with your provider at your next ADHD appointment. Based on your answers, your provider may recommend an EKG.

Patient Name: _____ Date of Birth: _____

PATIENT HISTORY

Has the **patient** ever had any of the following:

1. Fainting or dizziness?..... Yes No
2. Fainting or dizziness with exercise? Yes No
3. A seizure? Yes No
4. Rheumatic fever?..... Yes No
5. Chest pain with exercise?..... Yes No
6. Shortness of breath with exercise? Yes No
7. Unexplained significant change in ability to exercise?..... Yes No
8. Heart palpitations, fast rate, extra or skipped heart beats?..... Yes No
9. High blood pressure? Yes No
10. Heart murmur?..... Yes No
11. Congenital heart defect or hole in heart?..... Yes No
12. Chest pain or palpitations with viral illness?..... Yes No
13. Other heart related condition?..... Yes No

Explain any "yes" answers here: _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE.

Patient Name: _____ Date of Birth: _____

Does the **patient** take any of the following:

- 14. Prescribed medications?..... Yes No
- 15. Over the counter medications?..... Yes No
- 16. Vitamins or other health supplements?..... Yes No

If you checked "yes" to any medications or supplements, please list all here:

FAMILY HISTORY

Has anyone in the patient's **family** had any of the following:

- 1. Sudden or unexplained death in a young person? Yes No
- 2. Heart attack in someone younger than 35?..... Yes No
- 3. Sudden death during exercise?..... Yes No
- 4. Heart arrhythmias?..... Yes No
- 5. Hypertrophic cardiomyopathy?..... Yes No
- 6. Other cardiomyopathy (dilated, viral induced)?..... Yes No
- 7. Long QT syndrome?..... Yes No
- 8. Wolff-Parkinson-White syndrome?..... Yes No
- 9. CPR (cardiopulmonary resuscitation) in someone under 35?..... Yes No
- 10. Marfan syndrome?..... Yes No
- 11. Other heart related condition?..... Yes No

Explain any "yes" answers here: _____

Is there any reason, other than those listed above, that you wish to have an EKG done?

Yes No Explain: _____

Form Completed By: _____ Relation to Patient: _____

Signature: _____ Date: _____

Clinic use only: Provider Initials _____ Date: _____