



Patient Questionnaire



Patient **Questionnaire**

NAME of CLIENT

Name of Parent/Guardian

Age Sex Date of Birth

Height – metric Weight - metric

Date/s of event

Address + Postcode	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Dr's Name & Address + Postcode	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>

Have you had an ECG Test before? Yes / No

Where were you tested?

When were you tested?

Are you taking any medication? Yes / No

Please circle the correct response.
If YES, please describe the circumstances

1. Have you ever fainted?

- ▶ During Exercise Yes / No
- ▶ Following Exercise Yes / No
- ▶ Unrelated to Exercise Yes / No

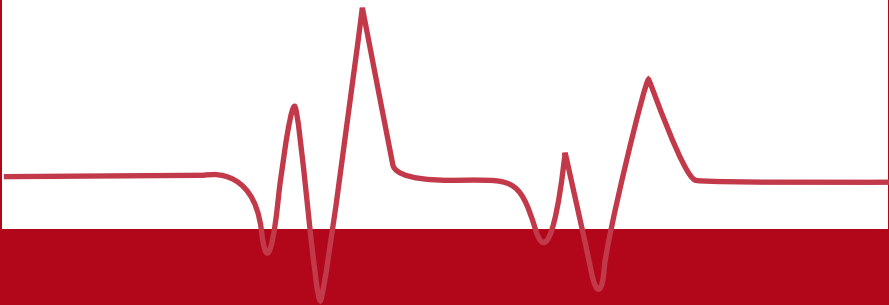
2. Do you experience dizzy turns?

- ▶ During Exercise Yes / No
- ▶ Following Exercise Yes / No
- ▶ Unrelated to Exercise Yes / No

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

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

- ▶ During Exercise Yes / No
- ▶ Following Exercise Yes / No
- ▶ Unrelated to Exercise Yes / No





Patient Questionnaire

5. Do you feel that you get more breathless or more easily tired than your team mates?

Yes / No

If YES, which?

6. Is there a history of heart disease in your family?

Yes / No

If YES, what?

7. Are you aware of any history of sudden cardiac death in your family?

Yes / No

If YES, who and what age?

8. Please tick one box to show which of these best describes you?

I am.... White Black – Caribbean Black–African Black - other (write in).....

Indian Pakistani Bangladeshi Chinese

Any other group (write in).....

9. Are you involved in regular exercise or training? Please complete even if you do not exercise regularly.

DISTANCE NUMBER OF SESSIONS/ WEEK TOTAL HOURS/ WEEK

A Name main Exercise/Sport:

.....

B1 Swimming

(specify distance / duration of sessions)

.....

B2 Cycling

(specify distance / duration of sessions)

.....

B3 Running

(specify distance / duration of sessions)

Jogging and/or sprinting

.....

DISTANCE NUMBER OF SESSIONS/ WEEK TOTAL HOURS/ WEEK

B4 Weight Training
(please specify heavy/light weights)

B5 Other (describe)r:
.....
.....

B6 Other (describe) :
.....
.....

Total B Training

Total 'A' & 'B' Training

The following consent form is to be signed by the person who wishes to take part in Healthy Hearts, Healthy Lives cardiac screening programme or, if that person is under the age of 16 years, by their parent or guardian.



Consent Form

Please read this consent form carefully before signing it. Please ensure that any questions that you have about Healthy Hearts, HealthyLives, cardiac screening programme and/or the contents of this consent form are answered before you sign it.

1. Healthy Hearts, Healthy Lives offers a cardiac screening service to check for the presence of cardiac abnormality in young people that could lead to sudden cardiac death.
2. Approx. 1 in 300 people may have an undetected heart condition. Our screening is able to detect many cardiac abnormalities most likely to affect young people (14-35 years)
3. Cardiac screening is about decreasing your risk of suffering a sudden cardiac death. The Electrocardiogram (ECG) will significantly reduce your risks. This is why European Society of Cardiology & International Olympic Committee guidelines recommend having an ECG before participating in competitive sport.
4. A normal ECG does not guarantee cardiac health in the long term. Individuals who develop symptoms that cause concern should always seek medical advice from their GP.
5. Healthy Hearts, Healthy Lives Cardiac Screening Programme comprises of a Health Questionnaire, Physical Examination & Electrocardiogram.
6. The results of the ECG will be reviewed by our cardiologist together with your replies to the medical questionnaire.
7. There is a small chance that the results of the ECG may produce a false positive result of a cardiac abnormality. In cases where a possible cardiac abnormality is detected by Healthy Hearts, healthy lives cardiac screening, Healthy Hearts, Healthy Lives will recommend that you arrange for further cardiac testing to be undertaken to check cardiac function.
8. The results of Healthy Hearts, Healthy Lives cardiac screening are held by Healthy Hearts, Healthy Lives and are treated by Healthy Hearts, healthy lives as strictly confidential. The results will be disclosed only to the person who has been screened (and/or to the parent or guardian of a person aged between 16 and 18 years where we considers that it is in the best interests of that person to do so).
9. Healthy Hearts, Healthy Lives is committed to complying fully with its obligations under the Data Protection Act 1998 and Data Protection (Amendment) Act2003. Please see "Data Protection" for details.

By signing below, I:

- Consent to Healthy Hearts, Healthy Lives cardiac screening being carried out on me or on the person under the age of 16 years who is named below. And consent to the results being sent to a cardiologist for review and interpretation. And consent to the cardiologists findings being disclosed in the manner described on this consent form.

- consent to the personal data relating to me or to the person under the age of 16 years who is named below being processed by Healthy Hearts, Healthy Lives in the manner described on this consent form;
- confirm that I understand that Healthy Hearts, Healthy Lives cardiac screening is carried out for screening purposes only in order to identify possible risks of sudden cardiac death and may not be sufficient for diagnostic purposes and that additional tests may be required in the event that Healthy Hearts, Healthy Lives the manner described on this consent form;
- understand and agree that, in the event of a positive result for cardiac abnormality, it is my personal responsibility to arrange follow-up tests and treatment at my own financial cost and that such follow-up tests and treatment are not part of Healthy Hearts, Healthy Lives cardiac screening programme.
- understand and accept that, while the cardiac screening offered by Healthy Hearts, Healthy Lives is a reliable method of detecting possible cardiac abnormalities existing at the time of screening, it cannot identify all possible cardiac abnormalities (such as abnormalities in the structure of the heart) and/or risks of sudden cardiac death will be detected and that no warranty or guarantee is given by Healthy Hearts, Healthy Lives in relation to the results of the cardiac screening undertaken by Healthy Hearts, Healthy Lives.
- I have filled out the Questionnaire to the best of my knowledge and have read the detailed information of the Consent Form. I understand the service Healthy Hearts, Healthy Lives provide and would like to proceed with this service.

NOTE: Please indicate here if you are signing as a Parent/Guardian

I am signing as Parent/Guardian for the person undertaking Healthy Heart, Healthy Lives cardiac screening as he/she is under the age of 16 years.

Signature of:
signature of Parent/Guardian or person undergoing Healthy Hearts, Healthy Lives cardiac screening:

Healthy Hearts Healthy Lives
154 Dundalk Road
Crossmaglen,
NEWRY BT35 9HW
County Down,
Northern Ireland

Email: info@healthyheartshhealthylives.com
Web: www.healthyheartshhealthylives.com
Tel: HHL Phone +353868601808
Tel: John McEntee +447712264298