



Student Health Services

4400 University Drive, MS 2D3, Fairfax, Virginia 22030
Phone: 703-993-2831 · Fax: 703-993-4365 · shs.gmu.edu

Cardiovascular Screening for Medications

To Patient: Complete answers to these 6 questions:

Do you have a history of a known heart condition?

Do you have any history of palpitations (fast or irregular heart beat)?

Do you have a history of passing out?

Do you have any history of seizures?

Do you have any family history of sudden death in children or adults?

Do you have any family history of Wolff-Parkinson-White syndrome, hypertrophic cardiomyopathy, or familial arrhythmia or long QT syndrome?

I agree to notify my prescribing physician if responses to these questions change at any time, since any of these issues may increase my risk of sudden death.

Print Name

G#

Date of Birth

Signature

Date