

Cardiovascular Screening for Medications

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 provider if responses to these questions change at any time, since any of these issues may increase my risk of sudden death.

Chosen Name

Legal Name

G#

DOB

Signature

Date