

The Student Athlete Cardiac Evaluation Registry

Date: _____

Gender: Male Female

Ethnicity: Caucasian African-American Asian Hispanic American Indian

Other: _____

Sport(s) played (circle all applicable)

Static Component			
High	Gymnastics Martial Arts Climbing Water skiing Weightlifting	Down Hill Skiing Skateboarding Snowboarding Wrestling	Boxing Canoeing/Kayaking Cycling Rowing
Moderate	Diving Equestrian	Football Running (sprint)	Basketball Hockey Lacrosse Middle Distance running Swimming
Low	Billiards Bowling Golf	Baseball Softball Volleyball	Field Hockey Racquetball Long distance running Soccer Tennis
	Low	Moderate	High

Dynamic Component

History

Have you ever had, or do you have any of the following *heart-related* conditions?

	Yes	No	Don't Know
Restrictions from sports for heart related problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated cholesterol level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or passing out during or after exercise without known cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a heart test (EKG, Echocardiogram, stress test, Holter)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racing or skipped heart beat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained difficulty breathing or fatigue during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any family member (blood relative):			
Under age 50 with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Marfan's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died of a heart problem before 50? If yes, what age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died with no known reason at an early age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died while exercising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any medications taken on a regular basis:

Physical Examination:

Height (feet/inches) _____ Weight (lbs) _____

Neck (inches) _____ Waist (in) _____ Hips (in) _____

BMI _____ % Body Fat _____

Blood pressure: Right arm _____ Left arm _____ Pulse (BPM) _____

Physical (Heart) Examination:

Indicators	Normal?	Abnormal Findings
Heart rate	Yes	
Rhythm	Yes	
Murmur	Absent	
If murmur present		Standing makes it: <input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No change
		Squatting makes it: <input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No change
		Valsalva makes it: <input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No change
Pedal Pulses	Yes	

Evidence of Marfan's No Yes

Electrocardiogram:

Normal Abnormal: _____

Echocardiogram:

Normal Abnormal: _____

Disposition:

No further evaluation Follow up with primary doctor Refer to Cardiology for further testing

Other: _____

Adult Cardiology:

Atlantic Cardiology

908-218-5533

Medicor Cardiology

908-526-8668

Cardiology Assoc of Somerset County

908-722-6410