

**UCLA SPORTS CARDIOLOGY PROGRAM
INTAKE QUESTIONNAIRE**

Date: _____
Patient's Name: _____
MRN: _____
Patient's Age: _____

1. *What is the reason for your planned visit to the Center for Sports Cardiology?
(check all that apply)*

- Prior history of heart disease (answer Question #2)
- Concerning symptoms during exercise (answer Question #3)
- Referred by another physician
Name/Institution of Referring MD: _____
- Family history of heart disease: _____
- Abnormal EKG or Echo
- Pre-participation Sports Evaluation / Comprehensive Cardiac Evaluation
- Other: _____

2. *If prior history of heart disease, what was the diagnosis? (check all that apply)*

- Heart attack / Bypass surgery / Cardiac Stents
- Valve disease / Valve Surgery
- Abnormal heart rhythm / Arrhythmia
- Congenital Heart Disease / History of heart surgery as a child
- Unknown
- Other: _____

3. *If experiencing symptoms during exercise, what are the symptoms? (check all that apply)*

- Fainting / Dizziness / Lightheadedness
- Chest pain/pressure
- Abnormal shortness of breath
- Palpitations / Heart racing
- Decreasing exercise performance
- Other: _____