KINGSBRIDGE
Private Hospital
★★★★★

Pre-participation Cardiac Sports Screening

CONTACT DETAILS

Patient

Forename:		Home telephone:	
Surname:		Mobile telephone:	
DOB:		Email address:	

Parent/Guardian

If patient is under 16 years of age, please provide details of parent/guardian.

Name:		Relation:	
Telephone number:			

Emergency Contact

Name:		Relation:	
Telephone number:			

GP Details

Name:		Address:	
Practice:			
Telephone number:			

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PERSONAL DETAILS

Forename:		Gender:	
Surname:		Age:	
Address:		Height:	
		Weight:	
Postcode:		Main sports:	
DOB:			

Ethnicity (please tick)

White: British ☐ Irish ☐ Turkish/Cypriot ☐ Greek/Cypriot ☐ Kurdish ☐ Other ☐

Mixed: White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other ☐

Black: Caribbean ☐ East African ☐ West African ☐ Other ☐

Asian: Indian ☐ Pakistani ☐ Bangladeshi ☐

Other: Chinese ☐ Filipino ☐ Vietnamese ☐ Other ☐

If other, please specify:

Do you have any heart conditions? Yes ☐ No ☐

If yes, please provide details:

Has a Doctor ever advised you not to participate in sport due to a heart problem? (please tick) Yes ☐ No ☐

If yes, please provide details:

Have you been screened before? (please tick) Yes ☐ No ☐

If yes, please provide details:

Are you taking any medication? (please tick) Yes ☐ No ☐

If yes, please provide details:

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QUESTIONS

1. Have you ever fainted?

A) When you exercise. Yes ☐ No ☐

If yes, please describe your experience.

B) Following exercise. Yes ☐ No ☐

If yes, please describe your experience.

c) At any other time. Yes ☐ No ☐

If yes, please describe your experience.

2. Do you experience any form of dizziness?

A) When you exercise. Yes ☐ No ☐

If yes, please describe your experience.

B) Following exercise. Yes ☐ No ☐

If yes, please describe your experience.

c) At any other time. Yes ☐ No ☐

If yes, please describe your experience.

3. Do you experience palpitations? (Palpitations are when you are aware that your heart is beating whilst resting.)

Yes ☐ No ☐

If yes, how recently? Please describe what you experienced.

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4. Do you experience a tightness or heaviness in the chest or alternatively any chest pain?

A) When you exercise. Yes ☐ No ☐

If yes, please describe your experience.

B) Following exercise. Yes ☐ No ☐

If yes, please describe your experience.

c) At any other time. Yes ☐ No ☐

If yes, please describe your experience.

5. Have you ever been our of breath or felt tired to a greater extent than your team mates?

Yes ☐ No ☐

If yes, please describe what you experienced.

6. Have you or any of your family members been told they have any form of heart disease?

Yes ☐ No ☐

If yes, please state age of onset.

7. Has there been an unexplained death or deaths due to heart disease in young family members?

Yes ☐ No ☐

If yes, please describe the circumstances and at what ages the death occurred.

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8. Has anyone ever told you that you have:

A) High blood pressure? Yes ☐ No ☐

If yes, please give details.

B) Heart infection? Yes ☐ No ☐

If yes, please give details.

c) Heart murmur? Yes ☐ No ☐

If yes, please describe your experience.

9. Please let us know what sports you play and if this is for leisure or at a competitive level
e.g. club, country or international

1. Sport:	
2. Sport:	
3. Sport:	
4. Sport:	
5. Sport:	

a) What would you consider your main sport to be?

b) How many days a week are you physically active playing sport?

c) On average, how many hours per day are you physically active playing sport?

d) Do you do any other training such as weights, aerobics, circuit training etc.?

e) If so, how often do you undertake these activities?

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