

Stimulant ADHD Medication Heart History

We are committed to providing patients with safe, high quality patient care. Stimulant drugs are known to increase a child's heart rate and blood pressure. These side effects are not considered to be dangerous for most children. However, those with underlying forms of congenital heart disease and/or arrhythmias (irregular heartbeat) could be at an increased risk for serious complications due to stimulant drug use.

We make your child's safety our business. Please take the time to carefully answer the following cardiac history questions. Your clinician may suggest an ECG test (a brief and painless heart test) for your child. This is just one more way that we ensure your child is receiving the most up to date, comprehensive patient care available.

PATIENT HISTORY

	Yes	No
History of fainting or dizziness.....	<input type="checkbox"/>	<input type="checkbox"/>
History of fainting or dizziness with exercise.....	<input type="checkbox"/>	<input type="checkbox"/>
Seizure.....	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain or shortness of breathe with exercise.....	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained, noticeable change in exercise tolerance.....	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations, increased heart rate, or extra skipped heartbeats.....	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur.....	<input type="checkbox"/>	<input type="checkbox"/>
Viral illness while also having chest pains or palpitations.....	<input type="checkbox"/>	<input type="checkbox"/>
Adopted or unknown family history.....	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY HISTORY

	Yes	No
Sudden or unexplained death in someone young.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack occurring before the age of 35.....	<input type="checkbox"/>	<input type="checkbox"/>
Sudden death during exercise or a drowning of a family member.....	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac arrhythmias (irregular heart rhythms).....	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy (weak or enlarged heart).....	<input type="checkbox"/>	<input type="checkbox"/>
Long QTs, Short - QT Syndrome.....	<input type="checkbox"/>	<input type="checkbox"/>
WPW (Wolff-Parkinson-White Syndrome).....	<input type="checkbox"/>	<input type="checkbox"/>
Hypertropic Cardiomyopathy (enlarged heart muscle).....	<input type="checkbox"/>	<input type="checkbox"/>
Event requiring resuscitation in family member less than 35 years old.....	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome.....	<input type="checkbox"/>	<input type="checkbox"/>
Other heart related condition.....	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Relationship to patient: _____

Signature: _____ Date: _____

Clinic Use Only		
Clinician Initials: _____	Clinician Signature: _____	Date: _____
Form Reviewed		
Clinician Initials: _____	Clinician Signature: _____	Date: _____
Clinician Initials: _____	Clinician Signature: _____	Date: _____
Clinician Initials: _____	Clinician Signature: _____	Date: _____