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: ___________________________