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: ____