



**Draft Screening Procedure – GP Visit and Nurse Questionnaire.**

**Name**..... **Date of Birth** .....

**Male/Female**

Have you been diagnosed with a heart murmur or any abnormalities with your heart?	
Have/do you experience regular unexpected and unexplained quickening of your heartbeat or feelings of dizziness or faintness?	
Have/do you ever faint without warning and become unconscious for a short period of time	
Has fainting ever occurred with exercise, stress, or extreme emotion?	
Have/do you ever suffer from unexplained convulsions?	
Have/do you ever had difficulty in breathing (beyond that normally expected during exercise)	
Have/do you experience chest pain?	
Have/do you experience tiredness for no apparent reason?	
What medication/s are you taking?	
Has anyone in your family who seemed fit and healthy died suddenly for no apparent reason?	
Have any babies in your family died unexpectedly?	
Has anyone in your family died from cardiac arrest or heart attack?	
Has anyone in your family died from an unexplained accident, such as a road traffic accident, or drowning?	
Has anyone in your family been diagnosed with epilepsy?	
Has a family member ever had a problem with their heart that needed medication or surgery. If so please list relative they are to you and their condition?	

Action taken:-	Date
Assess any medication being taken by the patient for adverse reaction	
Check child's heartbeat with stethoscope to detect any heart murmur, from laying down position to standing up.	
Blood pressure check	
ECG Recording taken	
ECG sent for expert evaluation	
Referred to cardiologist	
Referred to genetic counsellor	
Next of kin consulted and action under review (if under 16)	

Date of review .....

Name .....

Signed: .....

Position .....

Further details following results and investigations