



Screening Evaluation

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Male Race: _____ Height: _____ Weight: _____

Female Date of Birth: _____ Grade: _____

School: _____ Graduating Year: _____

Primary Physician: _____ Phone: _____

Physician Address: _____

Please list sports participation: _____

Parent must accompany teen unless the student has a signed waiver form. This is a free screening echocardiogram procedure; it does not rule out all heart related causes of death.

Parent – Please answer the following questions:

Cardiac Symptoms: (Please Circle One)

1) Become dizzy or passed out during exercise? Yes No

2) Developed chest pain during exercise? Yes No

3) Has anyone in the family developed heart disease under the age of 40? Yes No

4) Has anyone in the family died suddenly under the age of 40? Yes No

5) Have you had COVID? Yes No

Parent/Guardian Signature: _____ Date: _____

FOR PROVIDER USE ONLY: This section is completed by cardiologist or sonographer after screening

Wall thickness: _____

IVS Diastole (Normal <1.2 cm) _____ cm IVS Systole: _____ cm

LVPW Diastole (Normal <1.2 cm) _____ cm LVPW Systole: _____ cm

Check applicable boxes:

- No evidence for HCM
- Other findings that warrant a full echocardiogram or cardiology evaluation
- Suggestion for HCM; full echocardiogram needed
- Technically difficult echocardiogram; insufficient data obtained for accurate screening
- Other

Sonographer/Cardiologist Signature: _____ Date: _____

Reviewed by: _____, MD/DO Date: _____