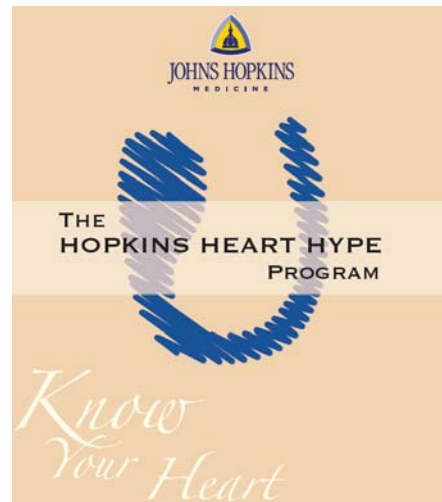


THE HOPKINS HEART HYPE PROGRAM

PERSONAL AND MEDICAL INFORMATION FORM



 HEART HYPE ID#: _____

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____ / _____ / _____

AGE: _____ Height: _____

GENDER: (PLEASE CIRCLE) FEMALE MALE

Ethnicity (PLEASE CIRCLE): AA C H A other: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE NUMBER: (_____) _____

DO YOU HAVE A PRIMARY PHYSICIAN: (PLEASE CIRCLE) YES NO

PHYSICIAN NAME: _____

PHYSICIAN ADDRESS: _____

PHYSICIAN PHONE NUMBER: (_____) _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: (_____) _____

OTHER PHONE: (_____) _____

PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS

PLEASE FEEL FREE TO CONTACT A HEART HYPE REPRESENTATIVE IF YOU NEED HELP

THE HOPKINS HEART HYPE PROGRAM

Have you ever:

1. Become dizzy or passed out (fainted) during OR after exercise? YES NO

If yes, please explain:

2. Had chest pain, shortness of breath during exercise ? YES NO

If yes, please explain:

3. Become tired more quickly than peers during exercise? YES NO

If yes, please explain:

4. Have you been told that you have a heart murmur or heart disease? YES NO not sure

If yes, please explain:

5. Have you been told that you have skipped heartbeats or racing heartbeats? YES NO not sure

If yes, please explain:

6. Has anyone in the family developed heart disease or died from heart disease or other illness under the age of 40? YES NO not sure

If yes, please explain:

7. Does anyone in the family have fainting episodes or seizures? YES NO not sure

If yes, please explain:

8. Do you get any discomfort in your chest when you are active? YES NO

If yes, please explain:

THE HOPKINS HEART HYPE PROGRAM

9. Have you been told you have high blood pressure?

YES NO not sure

If yes, please explain:

10. Have you ever had seizures or exercise related asthma?

YES NO

If yes, please explain:

11. Do you take any heart medications or have you had any heart surgery?

YES NO not sure

If yes, please explain:

12. Has anyone in your family

- Undergone heart surgery or have a pacemaker or defibrillator under the age of 50 years?

YES NO not sure

- Been diagnosed with Cardiomyopathy, aneurysm, Marfan's, IHSS?

YES NO not sure

If yes, please explain:

13. Athletic training questions (please check all that apply)

What sports do you participate or train for?

Short distance track Long distance track Football Basketball Lacrosse

Tennis Weightlifting Soccer Baseball Swimming

Other: _____

How many hours a week do you train? <10 hours 10-20 hours >20 hours

Do you weight train with heavy weights? YES NO

PLEASE PROVIDE ANY OTHER RELEVANT HEALTH INFORMATION:

THE HOPKINS HEART HYPE PROGRAM

DO NOT WRITE BELOW THIS LINE

FOR MEDICAL TEAM USE ONLY				INITIALS
History	NORMAL	BORDERLINE	ABNORMAL	_____
Examination:	NORMAL	BORDERLINE	ABNORMAL	_____
EKG:	NORMAL	BORDERLINE	ABNORMAL	_____
Echocardiogram:	NORMAL	BORDERLINE	ABNORMAL	_____
Conclusion:	NORMAL	BORDERLINE	ABNORMAL	_____
Recommendation:				
<input type="checkbox"/>	NONE			
<input type="checkbox"/>	PLEASE NOTIFY YOUR PHYSICIAN OF FINDINGS			
<input type="checkbox"/>	PLEASE CONTACT YOUR PHYSICIAN IMMEDIATELY			

Comments (details on any borderline or abnormal findings):

Final signoff: _____