



Nicklaus Children's Hospital

Nicklaus Children's Hospital EKG Initiative Patient Information

Place of Service: ☐ MCH Main, ☐ Palmetto Bay, ☐ West Kendall, ☐ Doral, ☐ Aventura
☐ Miami Lakes ☐ Midtown, ☐ Miramar, ☐ Palm Beach, ☐ West Bird, ☐ Boynton Beach
☐ Pinecrest ☐ Hialeah, ☐ Homestead ☐ Other _____

Patient Name:	_____	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	_____	Race:	<input type="checkbox"/> Asian
Address:	_____		<input type="checkbox"/> African-American
City & State:	_____		<input type="checkbox"/> Caucasian
Zip Code:	_____		<input type="checkbox"/> Hispanic
Telephone:	_____		<input type="checkbox"/> Other: _____
Primary Care Physician or Pediatrician: _____			

School:	_____	Grade:	_____
Sport:	_____		
Height:	_____	Weight:	_____

Parent/Guardian Information

Mother:	_____	Father:	_____
DOB:	_____	DOB:	_____
Telephone:	_____	Telephone:	_____
Cell Phone:	_____	Cell Phone:	_____

Contact Information

Primary Contact: ☐ Home ☐ Mom Cell ☐ Dad Cell
Secondary Contact: ☐ Home ☐ Mom Cell ☐ Dad Cell
Email Address: _____



**NICKLAUS CHILDREN'S ELECTROCARDIOGRAM SCREENING
ASSESSMENT FORM**

Child's Name: _____ **Date of Birth:** _____

Past Medical History	Yes	No
1. Has your child ever fainted or passed out during or after exercise, emotion or startle?		
2. Has your child had extreme shortness of breath during exercise?		
3. Has your child had extreme fatigue associated with exercise (different from other children)?		
4. Has your child had discomfort, pain, or pressure in his/her chest during exercise?		
5. Has your doctor ever ordered a test for your child's heart?		
6. Has your child ever been diagnosed with an unexplained seizure disorder?		
7. Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

Family History	Yes	No
1. Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDS, car accident, drowning, others)		
2. Are there any family members who died suddenly of "heart problems" before age 50?		
3. Are there any family members who have had unexplained fainting or seizures?		
4. Are there any family members with certain conditions such as:		
Enlarged Heart: Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm problems: Long QT syndrome (LQTS)		
Short QT syndrome		
Brugada syndrome		
Catecholaminergic ventricular tachycardia		
Arrhythmogenic right ventricular dysplasia (ARVD)		
Marfan syndrome (aortic rupture)		
Heart attack, age 50 or younger		
Pacemaker or implanted defibrillator		
Deaf at birth (congenital deafness)		

Please explain more about any "yes" answers:

Parent Signature: _____ **Date:** _____

Print Name: _____



**Nicklaus
Children's
Hospital**

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An Electrocardiogram ("ECG"), sometimes referred to as an EKG is a test that checks for problems with the electrical activity of the heart. It translates the heart's electrical activity into line tracings on paper. An ECG screen can help identify young athletes who may be at risk for sudden cardiac death, a condition where death results from a sudden loss of heart function and therefore may help in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing or declining an ECG screen provided by Nicklaus Children's Hospital for my child. By choosing to receive an ECG screen, I acknowledge the limitations of an ECG screen and understand that sudden cardiac death may still occur, despite this screening. I also understand that there may be other conditions or abnormalities that are not shown by an ECG. I further acknowledge that students with an abnormal ECG screen may be required to perform additional testing (i.e., an echo or ultrasound) and /or a medical consultation before being allowed to participate in athletic activities or school sports. ECG screening results will be read by a Nicklaus Children's Cardiologist and results will be mailed to the patient's home address. Any positive results will be followed up within 72 hours by the Nicklaus Children's Cardiology Department with the parent. I also understand that the results are available at the Medical Records Department of Nicklaus Children's Hospital. **In order to ensure that my child's school representative (teacher, athletic director, or administrator) is aware of his or her eligibility to participate in school-sponsored athletics, I hereby authorize Nicklaus Children's to share the results of my child's ECG with the appropriate representative of my child's school.**

I understand that any follow-up care, treatment and/or procedures for my child as well as any cost of additional follow-up care, treatment and/or procedures are my responsibility and not the responsibility of Nicklaus Children's nor of the physicians evaluating my child's ECG.

By signing below, I hereby release and forever discharge, and waive, any and all claims against Nicklaus Children's Hospital, its employees, physicians, administrators, director's, consultants and contractors and any and all persons related to my child's election regarding and/or participation in the ECG screening, and authorize medical personnel to perform the ECG, review the ECG results, and interpret and use them for diagnostic purposes in accordance with the Health Insurance Portability and Accountability Act of 1996 and other state laws.

I certify that I have read and fully understand the above Consent and Release of Liability and that all of my questions have been answered to my satisfaction.

Please check and fill out only ONE of the boxes below:

_____ I decline participation in the ECG screen on behalf or that of my minor child.	
_____	X _____
Parent/Guardian Name Printed	Signature
_____	_____
Date	Child's Name Printed

_____ I do hereby consent to participation in the ECG screen on behalf or that of my minor child.						
_____			X _____			
Parent/Guardian Name Printed			Parent/Guardian Signature			
_____	_____			_____		
Date	Child's Name/School Name (Printed)			Date of Birth		

Address						

City/Zip						
_____		_____		_____		
Home Phone		Business Phone		Cell Phone		
Circle sport(s) you plan to participate in.						
Baseball	Basketball	Bowling	X-Country	Football	Golf	Lacrosse
Soccer	Softball	Swimming & Diving	Tennis	Track & Field	Volleyball	Water Polo
Wrestling	Cheer	Dance	Other: _____			