



Pre-participation Cardiac Sports Screening

CONTACT DETAILS

Patient

Forename:		Home telephone:	
Surname:		Mobile telephone:	
DOB:		Email address:	

Parent/Guardian

If patient is under 16 years of age, please provide details of parent/guardian.

Name:		Relation:	
Telephone number:			

Emergency Contact

Name:		Relation:	
Telephone number:			

GP Details

Name:		Address:	
Practice:			
Telephone number:			

Kingsbridge Private Hospital
811 - 815 Lisburn Road, Belfast BT9 7GX

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E: info@kingsbridgeprivatehospital.com
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PERSONAL DETAILS

Forename:		Gender:	
Surname:		Age:	
Address:		Height:	
		Weight:	
Postcode:		Main sports:	
DOB:			

Ethnicity (please tick)

White: British Irish Turkish/Cypriot Greek/Cypriot Kurdish Other

Mixed: White & Black Caribbean White & Black African White & Asian Other

Black: Caribbean East African West African Other

Asian: Indian Pakistani Bangladeshi

Other: Chinese Filipino Vietnamese Other

If other, please specify:

Do you have any heart conditions? Yes No

If yes, please provide details:

Has a Doctor ever advised you not to participate in sport due to a heart problem? (please tick) Yes No

If yes, please provide details:

Have you been screened before? (please tick) Yes No

If yes, please provide details:

Are you taking any medication? (please tick) Yes No

If yes, please provide details:

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QUESTIONS

1. Have you ever fainted?

A) When you exercise. Yes No

If yes, please describe your experience.

B) Following exercise. Yes No

If yes, please describe your experience.

c) At any other time. Yes No

If yes, please describe your experience.

2. Do you experience any form of dizziness?

A) When you exercise. Yes No

If yes, please describe your experience.

B) Following exercise. Yes No

If yes, please describe your experience.

c) At any other time. Yes No

If yes, please describe your experience.

3. Do you experience palpitations? (Palpitations are when you are aware that your heart is beating whilst resting.)

Yes No

If yes, how recently? Please describe what you experienced.

4. Do you experience a tightness or heaviness in the chest or alternatively any chest pain?

A) When you exercise. Yes No

If yes, please describe your experience.

B) Following exercise. Yes No

If yes, please describe your experience.

c) At any other time. Yes No

If yes, please describe your experience.

5. Have you ever been out of breath or felt tired to a greater extent than your team mates?

Yes No

If yes, please describe what you experienced.

6. Have you or any of your family members been told they have any form of heart disease?

Yes No

If yes, please state age of onset.

7. Has there been an unexplained death or deaths due to heart disease in young family members?

Yes No

If yes, please describe the circumstances and at what ages the death occurred.

8. Has anyone ever told you that you have:

A) High blood pressure? Yes No

If yes, please give details.

B) Heart infection? Yes No

If yes, please give details.

c) Heart murmur? Yes No

If yes, please describe your experience.

9. Please let us know what sports you play and if this is for leisure or at a competitive level

e.g. club, country or international

1. Sport:	
2. Sport:	
3. Sport:	
4. Sport:	
5. Sport:	

a) What would you consider your main sport to be?

b) How many days a week are you physically active playing sport?

c) On average, how many hours per day are you physically active playing sport?

d) Do you do any other training such as weights, aerobics, circuit training etc.?

e) If so, how often do you undertake these activities?

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