

Questionnaire to Assess Your Cardiovascular Disease Genetic Risk



This questionnaire will help determine if your cardiac disease and/or your family history suggests you could benefit from further evaluation. Answer all questions as best as you are able. If an answer is unknown, leave it blank.

Today's Date: _____

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____

Phone: _____ Cell: _____ E-mail: _____

PERSONAL AND FAMILY HISTORY

1. Patient or close family member (1st or 2nd degree) with a suspected or known diagnosis of any of the following:

PATIENT FAMILY
MEMBER

Arrhythmia syndrome:

Brugada syndrome

Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)

Long QT syndrome

Short QT syndrome

Cardiac conduction disease (not secondary to structural heart disease)

Cardiomyopathy:

Arrhythmogenic right ventricular cardiomyopathy (ARVC)

Non-ischemic dilated cardiomyopathy

Hypertrophic cardiomyopathy

Left ventricular noncompaction

Restrictive cardiomyopathy

Peripartum cardiomyopathy

Vascular disease/Aortopathies:

Marfan syndrome

Vascular Ehlers-Danlos syndrome

Loeyz-Dietz syndrome

Thoracic aneurysm <60yo (not abdominal aortic aneurysm)

Other:

Atrial fibrillation, under age 60

Familial amyloidosis

Familial hypercholesterolemia

Unexplained cardiac arrest (<50 years)

Personal history of congenital heart disease or child with congenital heart disease

PERSONAL AND FAMILY HISTORY (CONTINUED)

2. Family history of the following:

Sudden cardiac death or unexplained sudden death at <50yo in a 1st degree relative

Family member with a cardiac device, such as a pacemaker or defibrillator (ICD) or a heart transplant at <50yo in a 1st degree relative

3. Family history of the following:

Sudden cardiac death or unexplained sudden death at <50yo, in a 2nd degree relative

Family member with a cardiac device, such as a pacemaker or defibrillator (ICD) or a heart transplant at <50yo, in a 2nd degree relative

Coronary artery disease in 2 or more 1st or 2nd degree relatives, where the age of diagnosis was <55yo in a male, or <65yo in a female

FOR OFFICE USE ONLY

Meets criteria, referred

Meets criteria, referral declined

Meets criteria, already had genetic counseling

Does not meet criteria

**If any boxes are checked in sections 1 or 2, patient meets criteria for genetic counseling referral.
Genetic counseling should be considered if any boxes in section 3 are checked.*