

Dr. R. G. Beaulieu, M.D., F.R.C.P. (C)

Date:

FAINTING QUESTIONNAIRE

Does your child complain of ...

PATIENT NAME: _____

- Chest Pain
- Palpitations
- Shortness of breath

Please fill out this questionnaire, either mail or fax it back to our office.

1. Just before your child fainted did he/she feel
 Lightheaded Nauseated Sweaty
2. Had your child quickly gotten up from a chair or from lying down? No Yes, explain _____
3. Was this episode witnessed? If so, did anyone notice muscle spasm or twitching or incontinence of urine?
4. How long was your child unconscious?
5. When consciousness regained was your child alert or confused?
 Alert Confused, explain _____
6. Did they complain of headache? No Yes, explain _____
7. Has your child ever fainted before? If so, how often does it happen?
8. Does your child have asthma or any other illness? No Yes, explain _____
9. Are there any family histories of Heart Defects or Seizures? No Yes, explain _____
 - a. Are there any unexplained Sudden Death in the family? No Yes, explain _____
10. Was your child sick recently with the flu? No Yes, explain _____
11. How is your child's appetite? Good Poor, explain _____
12. Is there a history of SOB or tiredness without cause? No Yes, explain _____
13. Is your child involved in any competitive sports? No Yes, explain _____
14. Is your child being referred to a Neurologist? No Yes, explain/Neurologist name _____
15. Is your child on any medications? No Yes, explain _____
16. Description of recent/past episodes?