



## Cumann Lúthchleas Gael

### Cardiac Screening Protocol

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Team \_\_\_\_\_

Date of Birth \_\_\_\_\_

G.P. \_\_\_\_\_ G. P. Address \_\_\_\_\_

#### Questionnaire

1. Do you have a brother, sister, cousin, parent or grandparent who died suddenly and unexpectedly under 45 years of age due to heart disease or no known cause?

Yes No (Please Circle)

2. Have you had a sudden blackout where you have lost consciousness and fallen to the ground for no good reason particularly in association with exercise?

Yes No (Please Circle)

3. Have you been diagnosed with a heart condition?

Yes No (Please Circle)

4. Do you develop front of chest tightness with exercise that prevents you continuing?

Yes No (Please Circle)

5. Do you get sudden onset very rapid heart beating that occurs for no obvious reason and which makes you feel unwell?

Yes No (Please Circle)





## Physical Exam

1. BP \_\_\_\_\_
  2. Heart Rate \_\_\_\_\_
  3. Cardiac Auscultation \_\_\_\_\_
- 

## ECG

Result \_\_\_\_\_

Refer to Mater **Yes** **No** (Please Circle)

### Refer criteria for ECG's

- a) QRS complex longer than 120 milliseconds
- b) QT interval longer than 460 milliseconds
- c) T wave inversion other than in leads AVR, V1 and Lead 3
- d) Rhythm other than sinus rhythm
- e) Delta waves

