



Cardiology and Cardiovascular Testing
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Sports Screening Echo Voucher

School _____ Primary Care Physician _____

Student Name _____ Age _____ Date of Birth _____ Grade _____

Home Address _____ Zip Code _____ Phone _____

Name of Sport(s) you participate in _____ Height _____ Weight _____

This is only a screening test looking for any structural abnormalities of the heart that would prohibit participation in athletics. Echocardiography uses high frequency sound waves and has no side effects. If any abnormalities are detected or if there is any known cardiac abnormality history, a more detailed evaluation is strongly recommended.

1. Do you have any chest pain? YES NO
2. Do you have any shortness of breath? YES NO
3. Do you ever get dizzy? YES NO
4. Have you ever passed out? YES NO
5. Has anyone in your family died at a young age from a heart problem? YES NO
6. Does anyone in your family have Marfan's Syndrome? YES NO
7. Have you ever been diagnosed with a heart condition? YES NO

Explain any YES answers: _____

I, the parent or legal guardian of the minor child listed above, hereby consent to the cardiac screening test as outlined above. I have read the information provided and understand that any abnormalities identified should be evaluated in more detail.

Signature of Parent or Legal Guardian _____ Date _____

ECHOCARDIOGRAPHIC FINDINGS:

_____ Normal Screening Echocardiogram
 _____ Additional resting recommended due to the following findings: _____

IVS	_____
LVeD	_____
LVPW	_____
LVOT	_____
AO	_____
LA	_____

 Technologist: _____ Physician _____ Date _____