|  |  |
| --- | --- |
| Patient Full Name: |  |
| D.O.B: |  |
| NHS Number/Client ID  |  |
| Date of completion |  |

ADHD medication might be unsafe to take if you have a pre-existing heart condition. Please answer the following questions to the best of your knowledge. Please discuss anything you are unsure of with your psychiatrist.

1. Have you ever had a diagnosed heart condition or problems with your heart in the past?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. Have you ever fainted when exercising or due to sudden noises or sudden movements?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. Have you ever got out of breath while resting?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. Have you ever had palpitations (e.g. racing fast heart) or chest pains?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. Are you aware of any heart problems in the family?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. Has anyone in your family under the age of 40 died suddenly and unexpectedly?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, please give details: |  |

1. (For women of child bearing age) are you pregnant?

|  |  |
| --- | --- |
| No |  |
| Yes |  |
| If Yes, how many weeks? |  |