

## ADHD Cardiac Screening

Stimulant medications are generally the first line of medications used to treat ADHD. The following questions serve as a cardiac risk assessment in the event that your child is diagnosed with ADHD and stimulant medications are part of their treatment program.

The following questions pertain to symptoms in your child:

Symptom	No	Yes – explain
Fainting or dizziness		
Seizures		
Diagnosis of rheumatic fever		
Noticeable changes in exercise tolerance		
Heart palpitations		
High blood pressure		
Viral illness with chest pain		

The following questions pertain to family history:

Symptom	No	Yes – explain
Sudden death or heart event before the age of 35		
Sudden death during exercise		
Cardiac arrhythmias like Wolf Parkinson White		
Cardiomyopathy		
Dilated cardiomyopathy		

If any of the above questions are answered with a yes, a cardiac screening with at least an ECG or rhythm check will be recommended before medications are started.

## Other Conditions

**Tic Behaviors:** To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
3. If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

1. Has your child been diagnosed with a tic disorder or Tourette syndrome?  No  Yes
2. Is your child on medication for a tic disorder or Tourette syndrome?  No  Yes
3. Has your child been diagnosed with depression?  No  Yes
4. Is your child on medication for depression?  No  Yes
5. Has your child been diagnosed with an anxiety disorder?  No  Yes
6. Is your child on medication for an anxiety disorder?  No  Yes
7. Has your child been diagnosed with a learning or language disorder?  No  Yes

**Comments:**