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## Cardiovascular Screening for ADHD Medications

*Screening should be completed within 4 weeks before initiation of stimulant medication.*

**To Patient: Complete answers to these 6 questions:**

Do you have a history of a known heart condition?

Do you have any history of palpitations (fast or irregular heart beat)?

Do you have any history of passing out?

Do you have any history of seizures?

Do you have any family history of sudden death in children or young adults?

Do you have any family history of Wolff-Parkinson-White syndrome, hypertrophic cardiomyopathy, or familial arrhythmia or long QT syndrome?

*I agree to notify my prescribing physician if responses to these questions change at any time, since any of these issues may increase my risk of sudden death.*

\_\_\_\_\_  
Signature Patient

\_\_\_\_\_  
Date

**To Physician: Does patient have a documented abnormal heart exam or hypertension?**

If all patient and physician answers to above questions are "No", then treatment with stimulant medications does NOT require additional cardiac testing.

If any patient or physician answer above is "Yes", then further evaluation may be needed including possible EKG and/or a Cardiologist's evaluation.

Recommended evaluation: \_\_\_\_\_

Evaluation revealed: \_\_\_\_\_

- Patient has been evaluated and appears to be at no increased risk of sudden death compared to general population. Periodic pulse and blood pressure assessment while taking ADHD medication recommended.
- Patient was advised against the use of stimulant medication since he/she may be at increased risk for sudden cardiac death and risk outweighs potential benefit.
- Patient has an underlying cardiac issue, and specific risk for sudden cardiac death has been discussed with the patient. The patient wishes to proceed with stimulant medication prescription, understanding that he/she is at an increased risk for sudden death. Periodic pulse and blood pressure assessment while taking ADHD medication recommended.
  - I recommend a follow up evaluation in \_\_\_\_\_.
  - No scheduled follow up. Periodic pulse and BP assessment recommended.

\_\_\_\_\_  
Signature Physician

\_\_\_\_\_  
Date