

SCREENING CONSENT:

I understand that the screening examination and tests offered by Children's Cardiology Group do not diagnose cardiac disease, and that any sign or symptom found means that my child needs further medical evaluation (full history, physical examination and diagnostic testing) to determine the cause of the sign or symptom. Additionally, I understand that Children's Cardiology Group will notify me of any abnormal findings. I understand that it is my responsibility to arrange for my child's follow-up care if indicated, and that this screening is not a substitute for a complete pre-activity/athletic competition evaluation by my child's primary physician.

I understand that this screening program is not a covered benefit on my insurance and Children's Cardiology Group will not bill my insurance for these charges. I also understand that the fee for this service is due at the time the service is rendered.

I understand that the Program will be conducted at Children's Cardiology Group and I consent to my child receiving the following screening evaluation:

- Medical History - Pre-printed questionnaire (attached)
- Vital Sign Monitoring - Clinical staff will obtain blood pressure and review medical history information
- Electrocardiogram (ECG)- Performed at rest with patches placed on surface of skin. The test maps the rate, rhythm and function of the heart, and prints a tracing for physician review and interpretation.
- Echocardiogram - An echocardiogram is an ultrasound image created by using a Doppler wand across the chest skin.
- Physician Review and Report

I understand if I provide this information a written report of the screening findings will be sent to my child's primary care physician. I agree that Children's Cardiology Group is not responsible to arrange for any further tests or care for my child, and has made no guarantees or promises to me related to the screening provided.

Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_