UNEXPLAINED SYNCOPE

Patient Evaluation Form

Heart Health Rotar

ITEMS NOTED IN RED MAY INDICATE CARDIAC RISK. IF 1 OR MORE RED FLAGS, FAST-TRACK FOR FURTHER EVALUATION ➤➤➤

Patient Information :

Name: _____ **Date:** ____ / ____ / ____

Gender: ☐ Male ☐ Female **Time of evaluation:** _____

D.O.B: ____ / ____ / ____

History of the syncopal event:

Did the patient fall? ☐ Yes ☐ No ☐ Unclear/Unknown

If yes, how did the patient fall? ☐ Limp/Collapsed ☐ Slowly sat down ☐ Unclear/Unknown

Describe: _____

Did the patient sustain injuries **due to** the event? ☐ Yes ☐ No ☐ Unclear/Unknown

If yes describe: _____

Circumstances during the event:

In what position was the patient when the event occurred? ☐ Lying down ☐ Standing ☐ Seated ☐ Changing position (e.g., sitting up, standing up)

Describe: _____

Did the event occur **during** physical activity? ☐ Yes ☐ No

Describe what patient was doing as event occurred: _____

Did someone witness the episode? ☐ Yes ☐ No

If yes, provide description of witness account: _____

Prodromes: ☐ No ☐ Yes (check all that apply)

☐ Palpitations ☐ Dizziness ☐ Nausea

☐ Chest pain ☐ Sweating ☐ Strange smell/taste

☐ Shortness of breath ☐ Rising feeling in stomach

Medical history:

Does the patient have a history of syncope? ☐ Yes ☐ No

If yes, how many events and dates: _____

Did patient recently start/change new medications? ☐ Yes ☐ No

If yes, describe: _____

Does the patient have a history of cardiovascular disease? ☐ Yes ☐ No

If yes, specifically: ☐ Decompensated heart failure ☐ New onset structural heart disease ☐ Previous MI / Ischaemic heart disease

Family history of sudden cardiac death? ☐ Yes ☐ No

Does the patient have a history of recurrent unexplained falls? ☐ Yes ☐ No

Does syncope pose a significant occupational risk to the patient? ☐ Yes ☐ No

Prior Tests (within last 12mths)

Holter Monitor ☐ Yes ☐ No

If yes, were rhythm abnormalities observed, specify: _____

Echocardiogram ☐ Abnormal ☐ Normal

☐ Cardiac ejection fraction less <35%

Initial evaluation tests:

12-lead ECG: ☐ Abnormal ☐ Normal

Has the patient previously had an ECG that showed abnormalities? ☐ Previous abnormalities ☐ No

If yes, were rhythm abnormalities: _____

Blood pressure: Supine: 1 min _____ 3 min _____

Sitting: 1 min _____ 3 min _____

Standing: 1 min _____ 3 min _____

Symptoms during blood pressure testing? ☐ Yes ☐ No

*2018 ESC Guidelines recommend syncope units: If no syncope specialist. Fast-track to cardiology.