awareness, support, screening and research
01737 363222 cry@c-r-y.org.uk www.c-r-y.org.uk

CRY Mobile Screening Health Questionnaire

Please complete 3 pages for the health questionnaire and the consent form on page 4

For Office Use Only			
Payment Received:	Questionnaire Checked:	Info box ticked:	Consent Signed:
Seen By Doctor:	Follow-up Required: Yes	No	
Additional Notes:		Result:	
Height ……cm	**Weight ……Kg**	**Blood Pressure ……/…….mmHg**	
Patient ID No:			

Personal Details

Full Name:	NHS Number:	Date of Screening:
Parents names (*if under 16*):		
Home *(correspondence)* address: **POSTCODE:**	Doctor's name and Address: **POSTCODE:**	
Phone Number:	Doctor's Phone Number:	
E-mail:		
Date of Birth:	Age:	Gender: **MALE / FEMALE**
Have you ever smoked? **YES / NO** If yes, how long for? How many each day? If you have given up when was this and how long did you smoke for?	Are you taking any medication? **YES / NO** If yes please describe?	

Ethnicity *(please tick the appropriate box)*

White	**Mixed**	**Black**	**Asian**	**Other**
English ☐	White and Black Caribbean ☐	Caribbean ☐	Indian ☐	Arab ☐
Welsh ☐				
Scottish ☐	White and Black African ☐	East African ☐	Pakistani ☐	Polynesian ☐
Northern Irish ☐				
British ☐	White and Asian ☐	West African ☐	Bangladeshi ☐	Any other ethnic group ☐ please describe
Irish ☐	Any othe Mixed / Multiple ethnic background ☐ please describe	North African ☐	Chinese ☐	
Any other white background ☐ please describe		Any other Black background ☐ please describe	Any other Asian background ☐ please describe	

Symptoms

8. Have you ever fainted?

During Exercise	**Yes / No**	How recently did this occur?	If yes, please describe the circumstances
Following Exercise	**Yes / No**	How recently did this occur?	
Unrelated to exercise	**Yes / No**	How recently did this occur?	

2. Do you experience dizzy turns?

During Exercise	**Yes / No**	How recently did this occur?	If yes, please describe the circumstances
Following Exercise	**Yes / No**	How recently did this occur?	
Unrelated to exercise	**Yes / No**	How recently did this occur?	

3. Do you experience palpitations? *(palpitations are a fluttering in your chest that you can notice whilst resting)*

Yes / No	If yes, how recently and please describe the circumstances

4. Do you experience chest pain, heaviness or tightness?

During Exercise	**Yes / No**	If yes, please describe the circumstances
Following Exercise	**Yes / No**	
Unrelated to exercise	**Yes / No**	

5. Do you feel that you are more breathless or more easily tired than your team mates?

Yes / No	If yes, please describe the circumstances

Family History

6. Is there a family history of:

High Blood Pressure **YES / NO**	High Cholesterol **YES / NO**	Diabetes **YES / NO**
Which family member(s)?	Which family member(s)?	Which family member(s)?

7. Is there a family history of heart disease in anyone under the age of 50?

Yes / No	If yes, how are they related to you, what is the diagnosis? Please state the age of onset

8. Has anyone died suddenly in your family under the age of 50?

Yes / No	If yes, how were they related to you? Please describe the circumstances and at what age did the death occur

Cardiac Screening

9a. Have you had cardiac screening before (inc ECG?) **YES / NO**	If Yes, was this with CRY? **YES / NO**	If CRY what Year? **……** What was the result? *(please circle)*: **Normal / Repeat Recommended / Referral**
9b. Have you have been screened by another organisation/hospital? **YES / NO**	If Yes, when was this done? **……..**	What was the result? *(please circle)*: **Normal / Repeat Recommended / Referral**
9c. Have you ever been referred to see a Cardiologist for further tests?	**YES / NO**	If YES, when? **……**
9d. Have you ever received a diagnosis of a cardiac condition?	**YES / NO**	If YES, what was the diagnosis? **……**
9e. Any additional information we should be aware of?	……. …….	

Sport/Exercise

10. Approximately, how many days per week are you physically active (playing sport/exercising)?	**……**
11. On average, how many hours per week are you physically active (playing sport/exercising)?	**……**
12. What sport/exercise do you play/participate in?	**……**
13. What level do you play/compete at? *(please circle any that are applicable)*	Recreational School Club County National International Professional
14. How long (for how many years) have you participated in sport/regular exercise?	**……**

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Premiership Rugby Consent Form for Cardiac Screening

It is extremely important that you have read and understood the information sheet provided with this consent form.

Please tick the following box to confirm you have fully read and understood the screening information on the attached.

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Test Procedure: An Electrocardiogram (or ECG for short) is a simple, non-invasive and painless test that examines the electrical activity within your heart. Small stickers are placed at strategic points on your chest. Flexible leads that extend from the ECG machine are then attached to these stickers. The electrical rhythm of your heart is recorded and printed out on thermal paper. An Echocardiogram (ECHO) is an ultrasound scan of the heart that measures cardiac dimensions and the flow of the blood in and out of the heart. Just like a sonogram of a pregnant woman, the scan is painless, non-invasive and takes no more than 20 min. If you wish, a friend or chaperone can accompany you during the procedures. All medical personnel who are linked to CRY are verified and approved by Professor Sanjay Sharma. All results are treated in the strictest of confidence. CRY may contact you in the future for information about any follow up tests you may require.

Results: It should be noted that the results will appear abnormal in a small percentage of cases and follow up tests will then be required to further evaluate your cardiac health. If you are over 16, CRY will aim to notify you at the time of screening. If you are under 16, and your parents are not present at the screening, CRY will aim to notify your parents as soon as possible after the screening event.

STATEMENT**:** I have read and understood the implications of further testing, outlined in the CRY Information Sheet. I understand that in the rare event an abnormality is confirmed, this may affect some types of mortgage and health/life insurance applications and that it may also affect some careers. Questions concerning the testing procedure have been answered to my satisfaction. I also understand that I am free to withdraw consent and discontinue participating in any procedures without giving a reason.

I have also been informed that the information derived from these tests is confidential and can only be disclosed to my club doctor/physio in charge of my medical file, general practitioner, or other medical practitioners who are involved in my care. In case of England EPS/representative players this will include the England EPS/representative team doctors.

I agree that CRY will provide this and any previous CRY screening reports to my club medical officer, physio, general practitioner and England squad doctor (if I am currently or become an England EPS/representative squad player).

I agree that CRY can provide anonymous grouped data to the Professional Game Board Medical Advisory Group to enable the group to assess the effectiveness of the programme. This data will not enable an individual player to be identified.

I agree that Dr Andy Smith (PRL clinical Governance Advisor) will be made aware of all Premiership and Regional Academy Players who need onward referral for further investigation. I agree that Dr Simon Kemp (RFU Head of Sports Medicine) will be made aware of any current England EPS/representative squad players who need onward referral for further investigation.

I also agree that the information from these tests will be held on a database and can be used anonymously for research purposes by both CRY and Professional Game Board Medical Advisory Group.

(SIGNATURE)……

NAME OF CLIENT
(PRINTED)……

CONTACT TEL. NO. ……

PARENTS SIGNATURE……DATE…….
(Required if individual is under 16 years of age)