



MARFAN'S SYNDROME QUESTIONNAIRE

Client _____ Age/DOB _____

When was Marfan's Syndrome first diagnosed? _____

Do you have a family history of Marfan's Syndrome? YES NO

Do you have or have you had any of the following (check all that apply)?

- Eye problems or cataracts
- Scoliosis
- Thoracic deformity (concave or protruding sternum)
- Joint dislocations or contractures
- Mitral Valve Prolapse (MVP)
- Aortic aneurysm
- Aortic dissection or rupture
- Endocarditis (infection of lining of the heart structures)
- Disability (Dates: _____)

Do you have any of the following symptoms/findings (check all that apply)?

- Fatigue
- Shortness of breath
- Heart palpitations or racing heartbeat
- Angina with pain radiating to the back, shoulder or arm
- Cold arms, hands & feet
- Heart murmur
- Abnormal EKG

Have you ever had an echocardiogram (ultrasound of the heart) or CT scan? YES NO

If yes, dates and results: _____

Have you ever had any of the following procedures (check all that apply)?

- Mitral valve repair
- Mitral valve replacement
- Aortic aneurysm repair
 - Planned
 - Emergency

If you've checked any of the above, please provide dates and details: _____

Do you currently use any type of nicotine/tobacco products? YES NO

If yes, type of tobacco used?

Cigarettes Cigars Chew Pipe Patch/gum Electronic

If no, have you ever used nicotine/tobacco in the past? YES NO

Type used & date quit: _____

Any other health impairments? _____

Please list all medications? _____

*Please attach copies of any echocardiograms, CT scans or other related reports if possible.