

FAMILY HISTORY QUESTIONNAIRE

Please note the following when completing your questionnaire:

- Please give us details of all family members mentioned in the table to enable us to create a complete family tree.
- If you do not know the exact date of birth and/or death, please put approximate dates.
- Try to complete all sections; if some are not relevant, please put N/A for not applicable.
- The more details you provide, the more accurate your family tree will be.

Name: _____	Biological sex: _____
Date of birth: _____	Gender: _____
Address: _____ _____	Ethnicity: _____
Phone number: _____	GP Name: _____
Email address: _____	GP Address: _____ _____

Are you and your partner (if applicable) blood relatives (e.g. cousins)?			
Yes – specify relationship: _____	No		
Do you have Ashkenazi Jewish ancestry?	Yes	No	Unsure

If you know of anyone else in your family who has undergone genetic testing or has been seen by a genetics service, it would be helpful to provide a few details here.	
Name: _____	Date of birth: _____
Relation to you: _____	
Genetics service/company where seen: _____	
Name of genetic test: _____	Date of testing: _____
Result of genetic test: _____	
Other information, if known: _____	

We may contact you by phone if we need any further details. In order to respect patient confidentiality, we will not disclose where we are calling from to anyone apart from yourself without your permission.	
I am happy for you to disclose where you are calling from should someone other than myself answer the phone.	
Yes	No

Please complete the form below, giving as much information as possible about your immediate (blood) relatives, including those who have **not** been diagnosed with any serious or genetic condition. Please also include information regarding any terminations of pregnancy, loss of pregnancy, or deceased individuals. If there is any information you do not know, perhaps someone in your family will be able to help you, otherwise leave that box empty. All the information you give will be held in confidence at Igenomix.

Relative	Name including maiden and any previous names	Date of birth	Alive Y/N	Date of death	Cause of death	If your relative suffered from a serious or genetic condition:	
						Condition	Age of diagnosis
Your own children/ pregnancies							
Your sisters, full or half If half, please state through mother or father							
Your brothers, full or half If half, please state through mother or father							

Relative	Name including maiden and any previous names	Date of birth	Alive Y/N	Date of death	Cause of death	If your relative suffered from a serious or genetic condition:	
						Condition	Age of diagnosis
Your sisters' children Please state through which sister							
Your brothers' children Please state through which brother							
Your mother							
Your father							

Relative	Name including maiden and any previous names	Date of birth	Alive Y/N	Date of death	Cause of death	If your relative suffered from a serious or genetic condition:	
						Condition	Age of diagnosis
Your mother's mother							
Your mother's father							
Your father's mother							
Your father's father							
Your mother's brothers and sisters							
Your father's brothers and sisters							
Other affected relatives Please state how they are related to you, e.g. mother's father's sister							

Have you suffered from any major illnesses, or been diagnosed with a genetic condition?
Please give details including dates, hospital/clinic and name of any medication you are currently taking.

Please feel free to use a separate sheet of paper if you wish.

Currently, how worried do you feel about your own health or the health of family members?

Not at all	Slightly	Moderately	Very
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What are your main questions that you would like to discuss with the genetic counsellor?

Please feel free to use a separate sheet of paper if you wish.

As some genetic conditions run in families, the information that you have provided in this family history questionnaire may be relevant for other family members. If your relative is referred to Igenomix UK or another genetics service for genetic counselling/testing, it can sometimes be helpful to share this information so that they can be offered appropriate testing and/or advice.

I am happy for Igenomix UK to share the family history details provided in this form with my relatives (or their clinicians) for the purpose of offering appropriate advice and medical care to these relatives.

Yes

No