- Major congenital anomaly
- Minor anomalies and dysmorphic features
- Growth abnormalities
- Skeletal abnormalities
- Visual or hearing problems
- Metabolic disorder (unusual odor of breath, urine, or stool)
- Sexual development abnormalities or delayed puberty
- Skin disorders or abnormalities

Parental Requests

- Parent requests that child be evaluated by a genetics professional

Adapted from Pletcher BA, Toriello HV, Noblin SJ, et al: Indications for genetic referral: a guide for healthcare providers, *Genet Med* 9(6):385–389, 2007.

Nursing Assessment: Applying and Integrating Genetic and Genomic Knowledge

Family health history is an important tool to identify individuals and families at increased risk for disease, risk factors for disease (e.g., obesity), and inheritance patterns of diseases. Because of its importance, all nurses need to be able to elicit family history information and, when feasible, document the collected information in pedigree format.

When eliciting a family health history, nurses should collect information about all family members within a minimum of three generations. This process usually takes 20 to 30 minutes. When possible, it is best to include both parents in the interview to elicit information about relatives on both sides of the family. Medical records, birth and death records, family Bibles, and photograph albums are helpful resources, and persons being interviewed should be instructed to bring such items if they are available. It may be necessary to consult other members of the family. The level of