



FAMILY MEDICAL HISTORY FORM

You have been scheduled to meet with a genetic counselor to discuss your personal and family medical history. You will be asked for information about your family members, including:

- Mother and father
- Grandparents
- Children
- Brothers and sisters (including half-siblings)
- Grandchildren
- · Aunts and uncles
- Nieces and nephews
- · First cousins

The discussion of your family history will be focused on medical diagnoses in your family. Please gather as much medical information about your biological family members as you can. Examples of important information include:

- Cancer (including site and type of cancer if known) (For example: invasive ductal breast cancer)
- Intellectual disability or developmental delay
- Birth defects
- · Blindness or deafness

Thank you for completing this form.

- Multiple miscarriages (3 or more), stillbirths, or infant deaths
- Muscle diseases
- · Neurological diseases
- Any known genetic/inherited condition
- Symptoms similar to yours

| Relative's Name (Biological only) | Relationship to You (e.g. brother, aunt) | Disease or Health Condition | Age at Diagnosis | Status | Current Age or Age at Death |
|--------------------------------------|------------------------------------------|------------------------------------|------------------|-----------------------------------------------|--------------------------------|
| EXAMPLE: Joe | Maternal uncle | Pancreatic cancer (adenocarcinoma) | 75 | ☑ Living☐ Deceased | 85 |
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