Thunder Bay Regional Health Sciences Centre

CLINICAL GENETICS PROGRAM

FAMILY HISTORY FORM (GENERAL)

Place Patient Label with Barcode Here

DATE: _____

Dear _____,

You have been referred to our department by _____ because your personal and/or family history may be genetic in nature.

Please return this form by _____. We will determine your eligibility to be seen in Genetics after we have received your completed questionnaire.

Please provide as much information as possible about your biological family members. If there is any information you do not know, perhaps someone in your family will be able to help you. Otherwise, enter "unknown".

All the information that you give will be held in confidence in the Clinical Genetics Program.

Your Details:

Home Tel/ Cellular Tel:	Daytime Tel:
Pronouns (Ex. he/him, she/her, they/them):	A good time to contact me between 8:30am and 4:30pm is:
Is it OK to leave a brief message if you are not available?: ☐ YES ☐ NO	
Primary Health Care Professional (include address):	
Have you/your relatives seen a Geneticist or Genetic Counsellor in the past? If yes, please provide details.	

ANCESTRY – We ask this because some inherited conditions are more common in certain populations (Example "Scottish", "African", "Indigenous").

Father's Ancestry: _____

Mother's Ancestry: _____

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Genetics # _____

Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	Please list any birth defects, diseases, conditions and/or cause of death
Self		☐ M ☐ F ☐ _____		N/A	
Your Own Children		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
Your Siblings (Full or Half) *If half, please circle which parent you share	☐ Full ☐ Half* (Mother/Father)	☐ M ☐ F ☐ _____			
	☐ Full ☐ Half* (Mother/Father)	☐ M ☐ F ☐ _____			
	☐ Full ☐ Half* (Mother/Father)	☐ M ☐ F ☐ _____			
	☐ Full ☐ Half* (Mother/Father)	☐ M ☐ F ☐ _____			
	☐ Full ☐ Half* (Mother/Father)	☐ M ☐ F ☐ _____			

Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	Please list any birth defects, diseases, conditions and/or cause of death
Your Mother		☐ M ☐ F ☐ _____			
Your Father		☐ M ☐ F ☐ _____			
Your Mother's Mother *(Your Grandmother)*		☐ M ☐ F ☐ _____			
Your Mother's Father *(Your Grandfather)*		☐ M ☐ F ☐ _____			
Your Father's Mother *(Your Grandmother)*		☐ M ☐ F ☐ _____			
Your Father's Father *(Your Grandfather)*		☐ M ☐ F ☐ _____			
Your Mother's Siblings *(Your Aunts and Uncles)* *If half, please indicate shared parent (Use last page if more space is needed)		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			

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Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	Please list any birth defects, diseases, conditions and/or cause of death
Your Father's Siblings *(Your Aunts, Uncles)* *If half, please indicate shared parent (Use space below if more space is needed)		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			

Relative (Indicate side of family and related parent of cousins)	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	Please list any birth defects, diseases, conditions and/or cause of death
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____			
		☐ M ☐ F ☐ _____