



**GENASSIST™ LINEAR PEDIGREE FORM ©2010-2016**

**8200 E Belleview Ave Suite 410C Greenwood Village, CO 80111**

800-359-9412, (303) 694-4665, (303) 694-3473 – FAX [kswexler@genassistabcs.com](mailto:kswexler@genassistabcs.com) - email

*(This form should be completed to the best of the patient's ability).* This form has been designed to allow you to provide more detail about your family history. This information can be used to generate a genetic family tree which outlines the important disorders in your family.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Chronological Age \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Home # \_\_\_\_\_ Work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Do you know your blood type? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

**INSTRUCTIONS:**

1. Please answer every question to the best of you knowledge. For example, if the cause of death is unknown, fill in unknown.
2. Please include the last name (sir name) of the individuals listed.
3. Include all blood relatives, even if they were stillborn.
4. Add any additional information on a separate sheet of paper that would help us evaluate your family history or that cannot fit into the space provided.

**\*\*Do not list any relatives that were adopted\*\***

**\*\*SAMPLE\*\***

**CHILDREN:**

**NAMES:**

**KNOWN DISEASES AND DISORDERS:**

Kelly Smith

Diabetes, Cleft Lip

Eddie Jones

Asthma

Anne Collins

None

Jane Doe

Unknown – Adopted

---

**THE FOLLOWING QUESTIONS RELATE TO YOUR PAST MEDICAL HISTORY, INCLUDING PREGNANCIES:**

**IF YOU ARE CURRENTLY PREGNANT:**

How was your pregnancy confirmed? \_\_\_\_\_

Was this pregnancy planned? \_\_\_\_\_

Were you using any birth control when this pregnancy occurred? \_\_\_\_\_

None \_\_\_\_\_ Condoms \_\_\_\_\_ Diaphragm \_\_\_\_\_ Foam/Gel/Suppository \_\_\_\_\_  
IUD \_\_\_\_\_ Birth Control Pills \_\_\_\_\_ Other \_\_\_\_\_

What was the first day of your last menstrual period? \_\_\_\_\_

What is your due date? \_\_\_\_\_

Please list any pregnancies that did not result in the birth of a live born child:

<b>YEAR</b>	<b>ELECTIVE TERMINATION (THERAPEUTIC ABORTION)</b>	<b>SPONTANEOUS MISCARRIAGE</b>	<b>STILLBIRTH</b>
-------------	--	------------------------------------	-------------------

---

---

---

---

---

Do you have any serious and/or chronic medical problems? Yes\_\_\_\_ No\_\_\_\_ If yes, please describe:

---

---

---

---

Are you presently using any prescription medications, over-the-counter drugs, or recreational drugs?

Yes\_\_\_\_ No\_\_\_\_ If yes, please specify\_\_\_\_\_

---

---

---

**THE FOLLOWING QUESTIONS RELATE TO YOUR KNOWN RELATIVES AND THEIR CURRENT HEALTH STATUS AND PAST MEDICAL HISTORY:**

**YOUR CHILDREN:** Please list all children oldest to youngest:

NONE\_\_\_\_\_

NAMES:	SEX	AGE	KNOWN DISEASES	IF DECEASED, CAUSE OF DEATH & AGE AT DEATH
--------	-----	-----	----------------	--

---

---

---

---

---

**STEP CHILDREN:** Please list all your step children from oldest to youngest:

NONE\_\_\_\_\_

NAMES:                   SEX   AGE   KNOWN DISEASES                   IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

---

**BROTHERS/SISTERS:** Please List all full brothers and sisters from oldest to youngest:

NONE\_\_\_\_\_

NAMES:                   SEX   AGE   KNOWN DISEASES                   IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

---

**HALF BROTHERS/SISTERS:** Please List all half brothers and sisters from oldest to youngest and indicate the parents (mother or father) that is in common to both of you:

NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

NAMES:                   SEX   AGE                   KNOWN DISEASES                   IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

---

---

---

---

---

**BROTHER'S CHILDREN:** Please list all your brother's children (nieces/nephews) oldest to youngest:

Indicate parent's name. NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

BROTHER'S NAME CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**SISTER'S CHILDREN:** Please list all your sister's children (nieces/nephews) oldest to youngest:

Indicate parent's name. NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

SISTER'S NAME CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**HALF BROTHERS' & SISTERS' CHILDREN:** Please list all your half brothers' and sisters' children (nieces/nephews) oldest to youngest:

Indicate parent's name. NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**YOUR MOTHER:**

UNKNOWN\_\_\_\_\_

NAME:\_\_\_\_\_ AGE\_\_\_\_\_ KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

**MOTHER'S BROTHERS & SISTERS :** Please list all your mother's brothers' and sisters' (your aunts and uncles) oldest to youngest:

Indicate parent's name. NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWNDISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**MOTHER'S BROTHERS' & SISTERS' CHILDREN :** Please list all your mother's brothers' and sisters' children from oldest to youngest:

Indicate Parent's Name\_\_\_\_\_

NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**YOUR COUSINS (MOTHER'S SIDE):** Please list any cousins with known diseases or condition from oldest to youngest:

NONE\_\_\_\_\_ UNKNOWN\_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**YOUR MOTHER'S MOTHER (MATERNAL GRANDMOTHER):**

UNKNOWN\_\_\_\_\_

NAME:\_\_\_\_\_ AGE\_\_\_\_\_ KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**YOUR MOTHER'S FATHER (MATERNAL GRANDFATHER):**

UNKNOWN\_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

KNOWN DISEASES

IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**ADDITIONAL RELATIVES ON YOUR MOTHER’S SIDE:** Please list any additional relatives on your mother’s side who have known diseases or conditions and include their relationship to you.

NAMES RELATIONSHIP SEX AGE

KNOWN DISEASES

IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**YOUR FATHER:**

UNKNOWN\_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

KNOWN DISEASES

IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**FATHER’S BROTHERS & SISTERS :** Please list all your father’s brothers’ and sisters’ (your aunts and uncles) oldest to youngest:

Indicate parent’s name. NONE \_\_\_\_\_ UNKNOWN \_\_\_\_\_

NAMES CHILDREN SEX AGE

KNOWN DISEASES

IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**FATHER’S BROTHERS’ & SISTERS’ CHILDREN :** Please list all your father’s brothers’ and sisters’ children from oldest to youngest:



Indicate Parent's Name \_\_\_\_\_

NONE \_\_\_\_\_ UNKNOWN \_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**YOUR COUSINS (FATHER'S SIDE):** Please list any cousins with known diseases or condition from oldest to youngest:

NONE \_\_\_\_\_ UNKNOWN \_\_\_\_\_

NAMES CHILDREN SEX AGE KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

---

---

---

**YOUR FATHER'S MOTHER (PATERNAL GRANDMOTHER):**

UNKNOWN \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**YOUR FATHER'S FATHER (PATERNAL GRANDFATHER):**

UNKNOWN \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

**ADDITIONAL RELATIVES ON YOUR FATHER'S SIDE:** Please list any additional relatives on your mother's side who have known diseases or conditions and include their relationship to you.

NAMES	RELATIONSHIP	SEX	AGE	KNOWN DISEASES	IF DECEASED, CAUSE OF DEATH & AGE AT DEATH
-------	--------------	-----	-----	----------------	--

---

---

---

**Please give the name and relationship (to you) any person named with a specific disorder not listed earlier:**

NAMES	RELATIONSHIP	SEX	AGE	KNOWN DISEASES	IF DECEASED, CAUSE OF DEATH & AGE AT DEATH
-------	--------------	-----	-----	----------------	--

---

---

---