



GENASSIST™ LINEAR PROFILE FORM ©2017-2018

8200 E Belleview Ave Suite 410C Greenwood Village, CO 80111
800-359-9412, (303) 694-4665, (303) 694-3473 – FAX 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 _____

| |
|---|
| Patient Mother’s Ethnic Background _____ Patient Father’s Ethnic Background _____ Husband’s Partner’s Mother’s Ethnic Background _____ Husband’s/Partner’s Father’s Ethnic Background _____ |
|---|

Address _____

E-mail Address _____

Telephone Home # _____ Work # _____

Doctor’s Name _____

Doctor’s Phone # _____

****What type(s) of Rare Genetic Disease(s) are you concerned about or run in your family?***

INSTRUCTIONS:

1. Please answer every question to the best of your knowledge. For example, if the cause of death is unknown, fill in unknown.
2. Please include the last name (surname) 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 Jones

Breast Cancer

Eddie Jones

Colon Cancer

Anne Jones

Lung Cancer

Jane Jones

None

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:

| YEAR | ELECTIVE TERMINATION (THERAPEUTIC ABORTION) | SPONTANEOUS MISCARRIAGE | STILLBIRTH |
|-------------|--|------------------------------------|-------------------|
| | | | |
| | | | |

How old were you when you had your First Menstrual Period? _____ years

How old were you when your first child was born? _____ years

Have you had any breast biopsies? No If yes, how many_____

Have any breast biopsies shown atypical hyperplasia?_____

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

YOUR GRANDCHILDREN: 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 KNOWN DISEASES 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

ADDITIONAL QUESTIONS AND/OR COMMENTS:
