Are you or your partner pregnant at the moment? YES NO

If yes, how many weeks pregnant? ______________________

Are you and your partner related in anyway? YES NO

Have you or your partner had a miscarriage? YES NO If yes, how many? ____________

Have other members of your family had a miscarriage? YES NO

Some conditions are more common in certain ethnic groups. What is your child's ethnic origin?

____

Is there any other information that you think may be relevant?

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Do you have any particular questions that you would like us to address in clinic?

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Thank you for completing this questionnaire.

Genetic No ….…………

STC / GCO / ANC / PRC

PENINSULA CLINICAL GENETICS SERVICE **for Devon, Cornwall and the Isles of Scilly**

Family History Sheet

Your child has been referred to the Peninsula Clinical Genetics Service by his/her GP or paediatrician. To help us assess your child's condition it would be very helpful if you complete this questionnaire.

Please complete all four pages and return the questionnaire as soon as possible in the enclosed envelope.

If you have any queries or difficulties in completing the form please do not hesitate to contact us on **01392 405746** or in writing.

Please return this questionnaire within the next 2 - 3 weeks. Thank you.

Name of child: ______________________________ Date of Birth: ____________________

Address: ____

____ Postcode: __________________

Child's GP Name: ______________________________ Tel No: ________________________

GP Address: ____

____ Postcode: __________________

Your name: ________________________________ Mr/Mrs/Ms/Miss/Dr/Other ___________

Relationship to child: Mother / Father / other. If other, please specify: ______________

Telephone No: (day) ______________________ (evening) __________________________

Are you happy for us to contact you by telephone? YES NO

Do you have an answer-phone? If so, are you happy for us to leave a message? YES NO

FOR OFFICIAL USE ONLY

Any significant Family History to confirm? Y / N …………………………..

……………………………………………………………………………………

GNC Appointment - Y / N

Patient Pregnant - Y / N Urgent Appointment - Y / N

Ready For Consultant Clinic - Y / N

Consultant Signed……………………………..…. Date……………………

Please give as much information as possible about your immediate (blood) relatives. If there is any information you do not know, perhaps someone in your family will be able to help you; if you are unable to complete all sections, then please return the form giving as much information as you can. All information you give will be held in confidence within the Peninsula Clinical Genetics Service and we will not contact your relatives unless you ask us to. Please continue on additional sheets of paper if necessary.

	Name (including maiden/previous names)	Date of Birth	Alive Y/N	Date of Death and cause	Any medical problems	Age at diagnosis	Hospital where treated (+ specialist if known and town or city)	For official use only
The child who has been referred								c s r irq ir
The child's mother								c s r irq ir
The child's father								c s r irq ir
The child's full brothers and sisters (i.e. same mother and father)								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
The child's half brothers and sisters. Please state whether through mother or father								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
The child's mother's mother								c s r irq ir
The child's mother's father								c s r irq ir
The child's mother's brothers and sisters Full or half*								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
	*If half please state whether through mother or father							
The child's father's mother								c s r irq ir
The child's father's father								c s r irq ir
The child's father's brothers and sisters Full or half*								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
	* If half please state whether through mother or father							
Are there any other relatives (e.g. cousins) with any medical problems? In particular is there anyone with a condition that was present at birth or developed in childhood?								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
								c s r irq ir
	* Please give full names and state how related							