Genetics # : _____
Appointment: _____

REGIONAL GENETICS PROGRAM
PROGRAMME RÉGIONAL DE GÉNÉTIQUE

Return Options		
In person	**By Mail**	**By Fax**
CHEO Genetics Clinic - WC2 3rd Floor Max Keeping Wing	Genetics Clinic - WC2 CHEO, 401 Smyth Road Ottawa, ON, K1H 8L1	613-738-4220

FAMILY HISTORY QUESTIONNAIRE – Heritable Connective Tissue Disorders

(**Please complete to the best of your ability; add additional sheets as needed)

Contact / Registration Information (please complete ALL areas) :

Full Name of referred Individual (First, Middle & Last) :	Previous Name :	Date of Birth : (D/M/Y)
_____	_____	_____

Family Information: Please fill in family member of person being referred	
Father (full name and DOB (dd/mm/yy)) : _____ ☐ Alive: age_____ ☐ Deceased at age:_____ Height: _____ Ancestry: ☐ European ☐ Black ☐ Latino ☐ French Canadian ☐ Aboriginal ☐ Middle Eastern ☐ Ashkenazi Jewish ☐ South Asian ☐ East Asian ☐ Other (specify):	Paternal grand-father (full name): _____ ☐ Alive – age: ____ ☐ Deceased at age:____ Height: _____ Paternal grand-mother (full name): _____ ☐ Alive – age:____ ☐ Deceased at age:____ Height: _____
Mother (full name and DOB) : _____ ☐ Alive – age:____ ☐ Deceased at age: ____ Height: _____ Ancestry: ☐ European ☐ Black ☐ Latino ☐ French Canadian ☐ Aboriginal ☐ Middle Eastern ☐ Ashkenazi Jewish ☐ South Asian ☐ East Asian ☐ Other (specify):	Maternal grand-father (full name): _____ ☐ Alive: age___ ☐ Deceased at age:___ Height: _____ Maternal grand-mother (name): _____ ☐ Alive: age___ ☐ Deceased at age:__ Height: _____
Brother / Sister (full name) : Height:	DOB (D/M/Y), if known :
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Do all these brothers/sisters share both the same parents? ☐ Yes ☐ No

If some of these siblings are half-sibling, next to their names, please indicate which parent they have in common with the person referred

PATIENT'S CHILDREN

	NAME	GENDER (M/F)	BIRTH DATE (dd/mm/yyyy) or aprx age	LIST ANY BIRTH DEFECTS OR MEDICAL CONDITIONS (INCLUDING DEVELOPMENTAL DELAY, AUTISM AND/OR INTELLECTUAL DISABILITY)

PATIENT'S AUNTS & UNCLES (Mother's side)

	NAME	GENDER (M/F)	BIRTH DATE (dd/mm/yyyy) or aprx age	LIST ANY BIRTH DEFECTS OR MEDICAL CONDITIONS (INCLUDING DEVELOPMENTAL DELAY, AUTISM AND/OR INTELLECTUAL DISABILITY)

PATIENT'S AUNTS & UNCLES (Father's side)

	NAME	GENDER (M/F)	BIRTH DATE (dd/mm/yyyy) or aprx age	LIST ANY BIRTH DEFECTS OR MEDICAL CONDITIONS (INCLUDING DEVELOPMENTAL DELAY, AUTISM AND/OR INTELLECTUAL DISABILITY)

Why were you/your child referred to Medical Genetics (if known)? What questions or concerns would you like to have answered during your appointment?
Please list any personal health problems (past or present) for the person being referred :
Did any of the parents of the person referred ever have an echocardiogram (ultrasound of the heart)? If so, at which hospital/clinic and when was this study done? Do you know the results?
Is someone in your family affected with the condition for which you/your child is/are being referred? How is this person related to you? (e.g.: sibling, parent, aunt, uncle, grandparent, etc.)
Has anyone in your family been seen by Genetics? If so, 1) do you know at which hospital they were seen and 2) please describe why they were seen:

Does anyone in your family (brothers, sisters, children, parent, aunts, uncles and cousins) have any of the following conditions?	No	Yes *	Mom's Family	Dad's Family	*If yes, please provide the following:	
					Relationship to Patient	At what age?
Example: hearing loss		√	√		***Cousin: Mother's sister's son***	***At birth***
Tendon rupture(s)						
Varicose veins						
Collapsed lung (pneumothorax)						
Dislocated lens of the eye (ectopia lentis)						
Severe Myopia (near sighted)						
Chest bone malformation (pectus)						
Curve in spine (scoliosis)						
Cleft palate						
Dislocated joint or hyperflexible (double jointed)						
Born with dislocated hips						
Born with club feet						
Hernia						
Poor wound healing (bad scarring)						
Sudden death						
Dissection (rupture) of a large blood vessel (if so, please specify which blood vessel)						
Surgery to repair a blood vessel						
Enlargement/Aneurysm aortic in the chest						
Aneurysm of the aorta in the abdomen						
Aneurysm non-aortic (ex. brain, other)						
Stroke						
Heart attack before 50 years old						
Genetic condition (ex. Marfan syndrome or other)						
Kidney disease						
Other						