



GENASSIST™ LINEAR PEDIGREE FORM

8101 E Belleview Ave Unit J Denver, CO 80237
 (303) 694-4665, (800) 359-9412, 303-694-3473 - fax

**(One form should be completed by the Female Patient/Female Recipient/Female Donor
 & the other form should be completed by the Male Patient/Male Recipient/Male Donor)**

This form has been designed to allow you to provide more detailed about your family history. This information can be used to generate a genetic family tree which outlines the important disorders in your family.

If you have any questions about this form or how to fill it out, please call GENASSIST™ at 800-359-9412 between the hours of 8 am – 5 pm (MST) Monday through Friday. As with all medical history, this information will remain confidential.

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 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:**

Kelly Smith

Eddie Jones

Anne Collins

Jane Doe

KNOWN DISEASES AND DISORDERS:

Diabetes, Cleft Lip

Asthma

None

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:

YEAR	ELECTIVE TERMINATION (THERAPEUTIC ABORTION)	SPONTANEOUS MISCARRIAGE	STILLBIRTH
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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
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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
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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
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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_____

KNOWN DISEASES IF DECEASED, CAUSE OF DEATH & AGE AT DEATH

NAME: _____ AGE _____

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
