



**Instructions:** Please fax this form to Genetics OR have it with you during your visit.

- Complete as much of the form as you can. (It's okay if you don't fill in everything)
- Include all biological (blood) relatives, even those without heart disease.
- If you are unsure, check with someone in the family who may have more information.
- Estimate the age or use an age range (ex: 70s or 70-75) if you don't know an exact age.
- If you are unsure of the cause of death, write "unknown".
- If anyone in the family has had genetic testing, you will be asked to send a copy of the lab report.
- HEART DISEASE: Include conditions such as cardiomyopathy (thick or thin heart muscle), arrhythmia (irregular heart rate), aneurysm, sudden unexpected death, heart failure, heart attack, fainting during exercise, muscle weakness, or any known medical diagnosis.

**ABOUT YOU:**

**Name:** \_\_\_\_\_ **Kaiser MRN#:** \_\_\_\_\_

**Your ancestry/ethnic background:**

**Mother's side:** \_\_\_\_\_

**Father's side:** \_\_\_\_\_

**Has anyone in your family married a blood relative (ex: cousin, second cousin)?** No Yes

If yes, please describe who, and how they are related to each other:

\_\_\_\_\_

\*If you run out of space in any section, just use the extra space at the end of the form.

**YOUR PARENTS**

	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Heart disease? (Y/N/?)	Type of heart disease	Age at diagnosis
<b>Mother</b>						
<b>Father</b>						

**YOUR CHILDREN**

If you had children with more than one partner, please include the other parent's name for each child.

Gender (Name of other parent)	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Heart disease? (Y/N/?)	Type of heart disease	Age at diagnosis





