

ABOUT YOU:

Your ancestry/ethnic background:

# Family History Questionnaire Cardiovascular Genetics

Kaiser MRN#: \_\_\_\_\_

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.

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

- 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.

Fathe	er's side: _					
-	-	•	blood relative (e they are related to	-	second cousin)? No	Yes
		n, just use the ex	tra space at the end c	of the form.		
YOUR PARENT	ΓS					
	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
Mother						
Father						
YOUR CHILDR		rtner, please includ	de the other parent's nam	e 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

## **YOUR SIBLINGS**

If you have half-siblings, please indicate if you share the "same mother" or "same father".

Gender (Note if half-sibling)	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

# YOUR SIBLINGS' CHILDREN (Nieces/nephews)

Please indicate which of your siblings is the parent

Gender and parent's first name	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

### THIS PART IS ABOUT YOUR MOTHER'S SIDE OF THE FAMILY

YOUR GRANDPARENTS (Mother's parents)							
	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Heart disease?	Type of heart disease	Age at diagnosis	
Grandmother (Mother's Mother)			3,	(*******)			
Grandfather (Mother's Father)							
YOUR AUNTS/	•		lings) share the "same mother"	or "same fathe	er"		
Gender (Note if half-sibling)	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	
THIS PART IS A	BOUT YOU	R FATHER	'S SIDE OF THE	FAMILY			
YOUR GRANDI	PARENTS (	Father's pa	rents)				
	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	
Grandmother (Father's Mother)							
Grandfather (Father's Father)							
YOUR AUNTS/	UNCLES (F	ather's sible indicate if they sh	ings) hare the "same mother" or	r "same father"			
Gender (Note if half-sibling)	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	
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Use this section to add more relatives, if you ran out of space anywhere on the form. Also include any relatives with heart disease who are not already mentioned.

ADDITIONAL FA	MILY HISTO	PRY				
and						
OTHER RELATIV	VES WITH H	<b>IEART DISE</b>	EASE			
Examples: grandch	ild, great grand	dparent, cousin	, cousin's child, etc)			
Gender and Relationship	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

#### Notes or Additional Information you wish to provide:

If anyone has had genetic testing, please indicate who, and include the results below.

#### **Kaiser Permanente Genetics Departments**

Clovis/Fresno Fax: 559-324-5730 Ph: 559-324-5530 Modesto Fax: 209-735-3337 Ph: 209-735-3144 Oakland Fax: 510-752-6754 Ph: 510-752-6298 Sacramento Fax: 916-614-4768 Ph: 916-614-4075 San Francisco Fax: 415-833-2999 Ph: 415-833-2998 Fax: 408-972-3298 San Jose Ph: 408-972-3300