

You have made a genetic counseling appointment.

In order to be able to comprehensively and quickly prepare for your counseling appointment, please send us the following information **in advance**:

- completed questionnaire (patient information, health and family history)
It is important that you provide us with comprehensive information about your family and the family of your partner (grandparents, aunts, uncles, cousins, nephews, nieces): major illnesses, physical and cognitive disability, deceased children, miscarriages, consanguinity/inter-family marriages.
- medical records: doctor's notes and/or hospital reports. In case of cancer: pathology reports
- release from the duty of confidentiality (if you don't have the medical documents)

Please bring with you to the counseling appointment:

- the affected child or relative, if possible (if not possible: photos of him/her)
- yellow booklet (early screening examinations for children; "Vorsorgeheft")
- Kinderfotos der Eltern
- maternity record (maternal health passport; "Mutterpass")
- health insurance card and, where appropriate, letter of referral for all individuals who come to the genetic counseling appointment

At the date of your appointment, we will discuss all your questions in detail. Please allow one to two hours for the genetics evaluation. Depending on the cause of referral and your personal and family history, we will assess whether genetic testing (usually performed on a blood sample) is appropriate. Genetic tests usually require one to two tubes of blood. You can eat and drink as normal before the blood tests.

The German national health insurance plans cover genetic counseling services. Since genetic counseling usually is of concern to the whole family, you should bring your partner, if possible.

If you have any questions, please feel free to call us.

Yours sincerely,

genetikum

Questionnaire

Please give us the following information beforehand, so your doctor at the genetikum can prepare for the counseling appointment. Please complete the questionnaire and send it to us prior to your appointment.

ADVICE-SEEKER:

Last name, First name:
Date of birth:
Street, Number:
Zip-Code, City:
Phone/Mobil:
E-Mail:
Health insurance company:

if appropriate, PARTNER

Last name, First name:
Date of birth:
Street, Number:
Zip-Code, City:
Phone/Mobil:
E-Mail:
Health insurance company:

Brief description of your problem/question:

The following medical conditions of the affected person/partner/child are known: (If possible, please specify when and where treatment has taken place)

The following details are important for a genetic evaluation of

- prenatal diagnostics
- miscarriages
- unfulfilled desire for a child
- disabilities of unclear origin in the family.

I'm currently pregnant?	<input type="checkbox"/> yes <input type="checkbox"/> no	1st day of the last period: _____
I have children.	<input type="checkbox"/> yes <input type="checkbox"/> no	How many? _____ girls: _____ boys: _____
I had miscarriage.	<input type="checkbox"/> yes <input type="checkbox"/> no	What week of pregnancy? _____ How Many: _____
I had have stillbirth. Stillbirth In my family.	<input type="checkbox"/> yes <input type="checkbox"/> no	Who: _____ How Many: _____ what week of pregnancy? _____
I have deceased children.	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ How Many: _____
I had IVF treatment (in vitro fertilization).	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ How Many: _____
I had IVF with ICSI	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ How Many: _____
Which doctor referred you to us?	<input type="checkbox"/> doctor: <input type="checkbox"/> none	Zip-Code, City: _____
How did you hear about us?	<input type="checkbox"/> Family/friends <input type="checkbox"/> genetikum-Homepage <input type="checkbox"/> other	