



QUESTIONNAIRE GENETIC CONSULTATION



PERSONAL DATA

name and surname

Personal ID number (if assigned)

age

health insurance

e-mail

phone

occupation (adults) / type of school (children)

occupational health risks (chemicals, radiation)

no

yes

please specify:

PERSONAL HISTORY

QUESTIONS COMMON TO BOTH ADULT AND PAEDIATRIC PATIENT

Childhood illnesses

common

other

please specify:

Diseases in adulthood:

Follow-up with specialist doctors (please specify):

Surgery (what kind and at what age):

Maintenance medications:

Health problems related to food intolerances (gluten, lactose, fructose, histamine):

no

yes

symptoms:

Smoking:

no

yes

cigarettes per day and for how long

Alcohol consumption:

no

yes occasionally

daily

Other addictive substances:

no

yes, please specify:

PERSONAL HISTORY

WOMEN ONLY

Age of first menstruation years

Cycle: Regular Irregular

Age of menopause: years

Are you/were you on birth control?

Hormonal no yes what kind and for how long:

Intrauterine device no yes what type and for how long:

Do you frequently suffer from gynaecological problems (inflammation, discharge, cysts, etc.)?

no yes please specify:

Have you had gynecological surgery?

no yes please specify:

At what age

Have you developed breast cancer?

no yes

At what age

unilateral contralateral

Histological type:

Have you developed ovarian cancer?

no yes

At what age

unilateral bilateral

Histological type:

Have you had any other cancers?

no yes

At what age

Please specify:

PERSONAL HISTORY

PREGNANCY

Did you get pregnant spontaneously no yes How many times:

With the help of assisted reproductive techniques? yes method and how many times:

Complications in pregnancy:

Bleeding no yes In the week of which pregnancy

Premature birth no yes In the week of which pregnancy

High blood pressure no yes In the week of which pregnancy

Pregnancy diabetes no yes In the week of which pregnancy

Fetal death no yes In the week of which pregnancy

Slowed fetal growth no yes

Number of births and years:

Spontaneous abortions: no yes number:

At what week of pregnancy:

At what age:

Induced abortions no yes elective

yes therapeutic

PERSONAL HISTORY

MEN ONLY

Inflammation of the testicles and urogenital tract:

no

yes

please specify:

At what age:

Tumours of the testicles and urogenital tract

no

yes

please specify:

At what age:

Injuries to the testicles

no

yes

please specify:

At what age:

Surgery of the testicles and urogenital tract:

no

yes

please specify:

At what age:

Semen analysis:

no

yes

result:

When:

Have you developed cancer ?

no

yes

At what age:

Please specify:

PERSONAL HISTORY

SECTION FOR PAEDIATRIC PATIENTS

pregnancy you were born (1st, 2nd,...)

no complications

high risk

birth length (cm) weight (g):

postnatal complications:

no

yes

please specify:

birth defects, if any:

no

yes

please specify:

Height: cm

Weight: kg

FAMILY HISTORY

Please fill in the details of your family relatives (cancer, other serious illnesses or congenital developmental defects)

PARENTS

Name and surname	Year of birth	Type of disease	Age of diagnosis	Age of death

Mother's family

Name and surname	Year of birth	Type of disease	Age of diagnosis	Age of death
Mother's mother				
Mother's father				
Mother's siblings				

Father's family

Name and surname	Year of birth	Type of disease	Age of diagnosis	Age of death
Father's mother				
Father's father				
Father's siblings				

FAMILY HISTORY

SIBLINGS

For half-siblings, indicate whether there is a common mother or father.

Name and surname	Year of birth	Type of disease	Age of diagnosis	Age of death

CHILDREN

Name and surname	Year of birth	Type of disease	Age of diagnosis	Age of death

HAS THERE BEEN A SERIOUS ILLNESS IN ANOTHER RELATIVE IN YOUR FAMILY?

No

Yes: fill in the details below

Name and surname	Year of birth	Relationship	Type of disease	Age of diagnosis	Age of death

Date of completion:

Signature of the person
to be assessed
(legal representative)

Name of legal representative

Relationship to the person to be assessed

