



**GENETIC
CLINICS
AUSTRALIA**

ABN 39 129 289 548

263 Glen Eira Road, Caulfield Victoria 3161

Ph 03 9528 1910

Web www.geneticclinic.com.au

Fax 03 9532 9555

Email reception@geneticclinic.com.au

Dr Jonathan Cohen *Medical Director*

MBBS, FRACGP, FACTM, MastFamMed

Provider No. 425721X

Email jcohen@geneticclinic.com.au

Nikki Gelfand *Genetic Counsellor*

BSc PostGradDip(GC) FHGSA

Email nikki@geneticclinic.com.au

Andrea Leibler *Associate Genetic Counsellor*

BSc (Hons) PostGradDip(GC) MHGSA

Email andrea@geneticclinic.com.au

New Genetics Patient Questionnaire

Please complete this questionnaire to assist us to provide the most comprehensive and personalised assessment of your genetic risks. The information provided to us is strictly confidential and will not be discussed with anybody else without your consent. If you'd prefer not to answer any questions, feel free to leave them blank

1) Demographic details

	You	Your Partner
Name		
Date of Birth		
Current address		
Email address		
Phone number/s		
Current work		
Highest education achieved		
Marital status		
Adopted	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

2) Medical history

Do you currently smoke	<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------	------------------------------	-----------------------------

<i>How many glasses alcohol do you have on average per week?</i>	
<i>Please list any prescribed medications you are taking</i>	
<i>Please list any significant past medical conditions</i>	

3) Family background. Ethnicity/Ancestry

Please tick the most appropriate box for your family ancestry. You can tick more than one box, if required. This is helpful in assessing what the most appropriate genetic tests are for you, based on your specific ethnic backgrounds.

	You	Your Partner
Ashkenazi Jewish		
Sephardi Jewish		
European Caucasian		
Hispanic (from Central/South America.		
Indian (from India)		
Mediterranean (from Greece, Italy, Turkey, etc.)		
Middle Eastern (from Egypt, Iran, Iraq, Lebanon, etc.)		
Native American		
Southeast Asian (from China, Laos, Vietnam, etc.)		
Other- Please specify		
I don't know		

4) Family Health information

Do you or your partner have any of the following conditions in your families? This may also include relatives who have been identified as carriers of genetic conditions. Please tick and provide details including age of onset and relationship to you, if known.

	You	Your Partner	Details
Cystic Fibrosis			
Fragile X Syndrome			

Tay Sachs Disease			
Birth Defects (i.e. spina bifida)			
Down Syndrome			
Intellectual disability (unknown cause)			
Cancer (breast, ovarian, bowel)			
Repeat pregnancy loss (miscarriages)			
Early Menopause (before age 40)			
Other Genetic Conditions (please provide details here)			

5) Family Planning

	You	Your Partner
Are you or your partner currently pregnant	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, approximately how many weeks pregnant?		
If yes, what is your estimated due date?		
If no, are you planning on starting/extending your family in the future	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6) How did you find out about Genetic Clinics Australia?

	Details
Friends	
Family	
Doctor (GP or specialist)	

Newspaper Article/ Advertisement		
Clinic Brochure		
Internet		
Facebook or other social media		
Other		

I accept that Dr Jonathan Cohen or a genetic counsellor may contact me by phone or email to discuss an appointment, to follow up after my initial appointment, or with any relevant results.

I consent to this form being de-identified and any associated information being used for research and/or education purposes.

Thank you for completing this questionnaire. It will assist us to adequately prepare for an appointment for you!