

Genetic Testing Counseling Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Introduction

This form is designed to inform you about genetic testing and to obtain your consent for genetic counseling and testing.

Purpose of Genetic Testing

Genetic testing can help identify genetic conditions, assess risk for hereditary diseases, and guide treatment options.

Counseling Process

The counseling session will involve discussing your family history, the implications of test results, and potential outcomes.

Risks and Benefits

Benefits include informed healthcare decisions. Risks may involve emotional distress and discrimination concerns.

Consent Statement

I, _____, have read and understood the information provided about genetic testing and counseling. I voluntarily consent to undergo genetic counseling and testing as discussed.

Signature

Patient Signature: _____

Date: _____

Witness Signature

Witness Name: _____

Witness Signature: _____

Date: _____