

# Genetic Testing Counseling Session Summary

**Date of Session:** [Insert Date]

**Patient Name:** [Insert Patient's Name]

**Patient ID:** [Insert Patient ID]

**Counselor Name:** [Insert Counselor's Name]

## **Reason for Referral:**

[Insert reason for the patient's referral to genetic counseling]

## **Family History:**

[Summarize relevant family history related to genetic conditions]

## **Genetic Testing Discussed:**

[List the genetic tests discussed during the session]

## **Informed Consent:**

[Brief statement on the informed consent process]

## **Results Interpretation:**

[Discuss the implications of potential test results]

## **Next Steps:**

[Outline the next steps, including any further testing or follow-up appointments]

## **Additional Resources:**

[List any additional resources or support provided to the patient]

Thank you for your participation in this session. Please feel free to reach out with any questions.

Sincerely,

[Insert Counselor's Name]

[Insert Counselor's Contact Information]