

Pre-Appointment Questionnaire for Genetic Counseling

Dear [Patient's Name],

Thank you for choosing our clinic for your genetic counseling needs. In order to provide you with the best possible care, we ask that you complete the following questionnaire prior to your appointment.

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Family Medical History

1. Do you have any family members with a history of genetic disorders? Please specify:

2. Are there any hereditary conditions in your family? If yes, please list:

Medical History

1. Have you ever been diagnosed with any medical conditions? If yes, please describe:

2. Are you currently taking any medications? Please list:

Reason for Consultation

1. What are your primary concerns regarding genetic counseling?

Please return this completed questionnaire by [insert due date]. You can email it to us at [insert email address] or bring it with you to your appointment.

Thank you for your cooperation. We look forward to meeting with you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]