Workplace address:
Genetika Plzeň, s.r.o., Parková 1254/11a, 326 00 Plzeň
Phone: +420 377 241 529, 603 174 793

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GENEALOGY FORM

Name:	Surname:
Date of birth:	Birth number/Patient ID:
Insurance company:	Nationality:
Address of residence:	
Occupation (job classification):	
Occupational health risks (e.g. radiation, chemicals, ..):	

1. DATA ON YOUR HEALTH STATUS

Do you have any birth defect or aberration? yes ☐ no ☐

If you do, which one?

Past or current diseases: yes ☐ no ☐

Apart from common childhood illnesses, were you otherwise seriously ill?
If so, were/are you treated or monitored for:

- ☐ hearing impairment
- ☐ migraine
- ☐ atopic eczema
- ☐ gout
- ☐ high blood pressure
- ☐ intestinal disease
- ☐ poor vision
- ☐ epilepsy
- ☐ asthma
- ☐ diabetes
- ☐ heart disease
- ☐ kidney disease
- ☐ stuttering
- ☐ mental illness
- ☐ allergy
- ☐ thyroid disorder
- ☐ lung disease
- ☐ movement disorder
- ☐ cancer (state age at diagnosis and type of tumor):

I suffer from other disorders and diseases (list):

Did you have any surgeries or accidents? yes ☐ no ☐

If so, what surgeries/accidents and at what age?

Do you take any medication permanently? yes ☐ no ☐

If so, what medication?

For women - did you have a spontaneous abortion? yes ☐ no ☐

If so, state how many times and the pregnancy week:

When you are treated or monitored for one of the above stated conditions:

PLEASE BRING YOUR MEDICAL REPORTS, IN CASE OF CANCER INCLUDING RESULTS OF TUMOR HISTOLOGY!

State the name, expertise (specialization) and address of your attending physician (specialist):

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GENEALOGY FORM

2. DATA ON YOUR FAMILY

Was there a cousin marriage in your family? yes ☐ no ☐

If so, state which relatives:

Were there spontaneous abortions /stillborn children in the family? yes ☐ no ☐

If so, state which relatives:

Were twins born in your family? yes ☐ no ☐

If so, state which relatives:

CHILDREN: State the name, year of birth and health status of your children from the oldest to the youngest.
If the children come from multiple marriages or relationships, state the name of the other parent.

Name and surname	Year of birth	Health status (diseases, congenital defects, type of tumor and age at diagnosis, causes and age of death)	Number of daughters	Number of sons

Note: List your other possible children in the supplementary note on the last page of the form. When your children have a defect or suffer from a disease, please state whether and where they are treated or monitored in the supplementary note on the last page of the form.

SIBLINGS: State full name, year of birth and diseases of your siblings from the oldest to the youngest.
For half siblings state whether you have mother or father in common.

Name and surname	Year of birth	Health status (diseases, congenital defects, type of tumor and age at diagnosis, causes and age of death)	Number of daughters	Number of sons

Note: List your other possible siblings in the supplementary note on the last page of the form.

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GENEALOGY FORM

PARENTS: State the name, year of birth and health status of your parents.

	Name and surname (also maiden name)	Year of birth	Health status (diseases, congenital defects, type of tumor and age at diagnosis, causes and age of death)	Number of daughters	Number of sons
Mother					
Father					

MATERNAL FAMILY: State names and surnames of your mother´s parents and siblings.

	Name and surname (also maiden name)	Year of birth	Health status (diseases, congenital defects, type of tumor and age at diagnosis, causes and age of death)	Number of daughters	Number of sons
Mother´s mother					
Mother´s father					
1. sibling					
2. sibling					
3. sibling					

Note: list other possible maternal siblings in the supplementary note on the last page of the form.

PATERNAL FAMILY: State names and surnames of your father´s parents and siblings.

	Name and surname (also maiden name)	Year of birth	Health status (diseases, congenital defects, type of tumor and age at diagnosis, causes and age of death)	Number of daughters	Number of sons
Mother´s mother					
Mother´s father					
1. sibling					
2. sibling					
3. sibling					

Note: list other possible paternal siblings in the supplementary note on the last page of the form.

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GENEALOGY FORM

Are you aware of congenital disorders (CD) in your cousins and their children or in extended family? yes ☐ no ☐

If so, state which relatives and what CD:

Are you aware of cancer in your cousins and their children or in extended family? yes ☐ no ☐

If so, state which relatives, type of tumor and age of diagnosis as well as whether they are still alive or not:

Supplementary notes:

If it is possible, PLEASE BRING THE MEDICAL REPORTS OF YOUR RELATIVES, FOR CANCER INCLUDING RESULTS OF TUMOR HISTOLOGY!

I declare that I completed all data truthfully and according to the facts which are known to me.

Date:

Signature: