

This is (34) Relative information form. It is available in translation

NAME :

FILE NO:

Dear

Dr/Mr has referred you for genetic counselling in view of the history of the genetic problem, in your family.

It would be most helpful if you could complete this form in English, with information on your affected relatives, and post the form back to us, **before your clinic appointment.**

If you cannot complete the details in English, please be sure to bring the information about your affected relatives to your appointment and mark this box ✓if appropriate:

I will bring information about my relatives to the clinic in [*insert language*] and will require an interpreter .

Relation:	Relation:
Relation's Full name:	Relation's Full name:
Date of Birth:	Date of Birth:
Name and Address of Hospital where seen:	Name and Address of Hospital where seen:
Name of Consultant	Name of Consultant
Year Seen	Year Seen

If there is any other information you feel we should know, please outline this overleaf, in English. If any of your relatives have had genetic testing, please bring copies of their results to your appointment, if possible.

Thank you for your assistance. Please return this completed form to us by post.

Yours sincerely