



## GENEALOGICAL QUESTIONNAIRE



P R E N E T

### IDENTIFICATION DATA AND PERSONAL HISTORY

Name and surname

National ID No.

Residence address

Health insurance company

Occupation

Phone No. / e-mail

Allergies

Smoking

No

Yes, how many:

Medication

Alcohol or other addictive substances

**Medical conditions** – serious illnesses for which you are being treated or have been treated in the past

**Surgeries** – what kind, when

### FAMILY HISTORY

**Your mother** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Mother's mother** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Mother's father** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Mother's sibling** – Name, year of birth, state of health including all health conditions, number and sex of children, in case of death also age and cause of death



## FAMILY HISTORY

**Your father** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Father's mother** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Father's father** – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death

**Father's siblings** – Name, year of birth, state of health including all health conditions, number and sex of children, in case of death also age and cause of death

**Your siblings** (own and step-siblings) – Name, year of birth, state of health including all health conditions, in case of death also age and cause of death, number and sex of children and their state of health including all health conditions

**Your children from previous relationships** – Name, year of birth, state of health including all health conditions

## CONGENITAL AND HEREDITARY DISEASES IN THE FAMILY

**Congenital developmental defects, mental retardation, deafness, blindness, other defects and diseases:**

- Fill in what the defect is and which family members have been affected by the disability (including deceased relatives).
- Bring medical reports with the results of the examinations performed so far to the consultation!

**Consanguineous marriages**

No

Yes, what kind:

Filled in by

On

.....  
Signature

