David Geffen School of Medicine

UCLA Cardiovascular Center
100 UCLA Medical Plaza
Suite 360 - East
Los Angeles, CA 90095
Phone: (310) 825-8816
Fax: (310) 825-9013

CARDIOVASCULAR GENETICS FAMILY HISTORY QUESTIONNAIRE

- Please complete this form with information about your biological (or blood) relatives.
- **Please include ALL of your blood relatives, EVEN THOSE WITHOUT HEART DISEASE.**
- We ask that you fill this out to the best of your ability. If you are unsure of the information, please contact your relatives. This information will be reviewed at your appointment.
- If anyone has had genetic testing, please send us a copy of their report.
- Please return this form to Judy Fan (Genetic Counselor) via MyChart or email: jfan@mednet.ucla.edu.

YOUR PARENTS AND GRANDPARENTS						
	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis
Mother						
Father						
Mother's Mother						
Mother's Father						
Father's Mother						
Father's Father						
YOUR BROTHERS AND SISTERS (If you have different parents, please note which are half-sibs and whether you share the same mother or father)						
Brother or sister?	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis

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YOUR CHILDREN						
Son or daughter?	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis
YOUR AUNTS AND UNCLES (MOTHER'S SIDE)						
Aunt/Uncle?	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis
YOUR COUSINS (MOTHER'S SIDE)						
Child of which aunt/uncle above	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis

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YOUR AUNTS AND UNCLES (FATHER'S SIDE)						
Aunt/Uncle?	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis
YOUR COUSINS (FATHER'S SIDE)						
Child of which aunt/uncle above	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis
ADDITIONAL RELATIVES **WITH HEART DISEASE** NOT PREVIOUSLY LISTED (Nieces/nephews, great-grandparents, more distant cousins, etc)						
Relative	First name	Current Age	Age at Death and Cause of death	Heart disease? (Y/N/unsure)	Type of heart disease	Age at diagnosis

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Notes/Additional information you wish to provide:

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