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BC Inherited Arrhythmia Program & Medical Genetics Cardiogenetics Clinic
FAMILY HISTORY FORM

Today's Date: _____ MG #: VI _____

Name: _____ Birth Date: _____

The information on this form will help us provide you with the most accurate assessment about the inherited heart condition that you are being referred for. It is important that we receive this form before your appointment in order to assess your referral in the context of your family information. **Please complete and return this form in the envelope provided, or by fax, as soon as possible. Having this information will greatly help our assessment.** You may not have all the requested information, so just do your best. The more details you provide, the more accurate our assessment will be. We will contact you after we receive this form.

Tips for completing this form:

- Please print clearly.
- If you need more space for any section, please attach an extra page.
- Provide the name(s) that your relatives commonly use if different from their given name(s).
- Approximate information is OK. If you do not have exact information, please provide your "best guess".
- When you report a diagnosis of an inherited heart condition, it helps us to know the *approximate* age the heart problem was found – your "best guess" is OK.
- This information will be kept on file as part of your Medical Genetics medical record. We will not share this information with others unless we have your consent to do so first.

If you have any questions or concerns about this form, please contact Medical Genetics located at the Victoria General Hospital.

BCIAP / Cardiogenetics Clinic, Medical Genetics, Victoria General Hospital
1 Hospital Way, Victoria, BC V8Z 6R5
Fax: 250-727-4295, Phone: 250-727-4461

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Part A – Background Information

The VIHA Cardiogenetics Clinic focuses on inherited (genetic) heart conditions that are associated with an abnormal heart rhythm or a risk of sudden death. Please check the appropriate box if **you** or **any of your family members** have been diagnosed with one of these conditions.

- Long QT syndrome (LQTS) ☐
- Brugada syndrome ☐
- Arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C) ☐
- Hypertrophic cardiomyopathy (HCM) ☐
- Dilated cardiomyopathy (DCM) ☐
- Catecholaminergic polymorphic ventricular tachycardia (CPVT) ☐
- Other (please specify) _____

1. Has another person in your family had genetic counselling because of a family history of an inherited heart condition?
   __yes __no __not sure

   ***If yes**:* Name of family member :_____
   At what hospital?: _____ When?: _____

   Has another person in your family had **genetic testing** for an inherited heart condition?
   __yes __no __not sure

   ***If yes**:* Name of family member :_____
   At what hospital?: _____ When?: _____

2. What is your family's ethnic background? (e.g., Aboriginal, English, Jewish, etc.)

   Mother's mother _____ Mother's father _____

   Father's mother _____ Father's father _____

3. Are your biological parents related by blood? (e.g. first cousins) __yes __no __not sure

   If Yes, please explain relationship _____

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Part B – Your Medical History

1. Have you ever been diagnosed with or suspected to have an inherited heart condition? __yes __no __not sure

   If yes, which inherited heart condition have you have been diagnosed with (or are suspected to have):

   Condition: _____ Age at diagnosis: _____

   Name and location of hospital where you were diagnosed (city, province): _____

2. Have you had any of the following symptoms or conditions? Check any of the boxes below that apply to YOU:

   - ☐ Chest Pain
   - ☐ Shortness of Breath
   - ☐ Fainting/passing out without warning
   - ☐ Lightheadedness/feeling faint
   - ☐ Rapid heart rate
   - ☐ Heart flutter/palpitations
   - ☐ Irregular heart rhythm
   - ☐ Atrial fibrillation
   - ☐ Exercise-induced heart symptoms
   - ☐ Epilepsy/seizures
   - ☐ Cardiac arrest/heart attack
   - ☐ Defibrillated/resuscitated
   - ☐ High blood pressure
   - ☐ High cholesterol
   - ☐ Stroke

3. Do you take medication for your heart? __yes __no __not sure

   If yes, what is the name of the medication:_____

   How long have you been taking it? _____

   Do you have an implanted defibrillator (ICD) or heart rate pacemaker? __yes __no __not sure

   If yes, when was it put in? _____

   If you have an ICD, has it shocked you? __yes __no __not sure

4. Are you currently taking any other medications? __yes __no __not sure

5. What other heart-related problems have you had?

   _____

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Part C – Family Members Who Have an Inherited Heart Condition

Please complete the following chart for **all** of your relatives who have a diagnosis of an inherited heart condition, or a suspected diagnosis. Please include any relatives who have passed away from an inherited heart condition. Please follow the example at the top.

Approximate information is OK!

Name	How is this person related to you? PLEASE INDICATE SIDE OF THE FAMILY	Condition	Age when first found	Year and City/Country where condition diagnosed or first suspected	Current age OR	Age at death
Example: Lisa Smith	*Mother's sister's daughter (cousin)*	*LQTS*	*20*	*1998 Toronto, Canada*	*46*	

If you need more space, please attach another page and include the same details.

Part D – Your Family Heart History

Please check any of the boxes below for any symptom or condition found in your immediate family members (children, sisters, brothers, parents, grandparents, aunts, uncles or cousins). If you check any of the boxes, please list the name of the relative with that symptom, the age when they first had that symptom and their relation to you (eg. Brother, grandmother, etc).

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	Symptom	Name	How is this person related to you?	Age when first had symptom
☐	Chest Pain			
☐	Shortness of Breath			
☐	Fainting/passing out without warning			
☐	Lightheadedness/feeling faint			
☐	Rapid heart rate			
☐	Heart flutter/palpitations			
☐	Irregular heart rhythm			
☐	Atrial fibrillation			
☐	Exercise-induced heart symptoms			
☐	Epilepsy/seizures			
☐	Cardiac arrest/heart attack			
☐	Defibrillated/resuscitated			
☐	High blood pressure			
☐	High cholesterol			
☐	Stroke			

If you need more space, please attach another page and include the same details.

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Part E – All Family Members

Please include **ALL** family members, even those already listed in Part C or D (Family Members with an inherited heart condition).
Please complete each section the best that you can. **Approximate information is OK**!
If you need more space for any section, please add another page.

1) YOUR CHILDREN Please list your children below. ☐ - no children

Please indicate if any of your children have a different mother or father, or if any of your children were adopted.

Full Name	Sex M/F	Date of Birth	If deceased, age and cause of death	Full name of their children, and sex (M/F)
				• •
				• •
				• •
				• •
				• •

2) YOUR BROTHERS AND SISTERS Please list your brothers and sisters below. ☐ - no brothers/sisters

If any siblings are half-brothers or half-sisters, please indicate whether they have the same mother or father as you.

Full Name	Sex M/F	Date of Birth	If deceased, age and cause of death	Their children
				# of males _____ # of females_____
				# of males _____ # of females_____
				# of males _____ # of females_____
				# of males _____ # of females_____
				# of males _____ # of females_____

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3) YOUR MOTHER'S FAMILY

Your mother's full name: _____ Her maiden name: _____

Your mother's date of birth:_____ If deceased, age and cause of death: _____

How many siblings did your mother have in total? _____ How many brothers? _____ How many sisters? _____

Please use the table below to list her siblings, to the best of your knowledge, in order of birth if possible.
If any are half-brothers or half-sisters, please indicate whether they have the same mother or father as your mother.
Approximate information is OK!

Full Name	Sex (M/F)	Current Age If deceased, age and cause of death	Their children
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____

Name of your mother's mother (maternal grandmother): _____

If deceased, give age and cause of death: _____

Name of your mother's father (maternal grandfather): _____

If deceased, give age and cause of death: _____

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4) YOUR FATHER'S FAMILY

Your father's full name: _____ His date of birth: _____

If your father is deceased, please provide age and cause of death: _____

How many siblings did your father have in total? _____ How many brothers? _____ How many sisters? _____

Please use the table below to list his siblings, to the best of your knowledge, in order of birth if possible.
If any of the above are half-brothers or half-sisters, please indicate whether they have the same mother or father as your father.
Approximate information is OK!

Full Name	Sex (M/F)	Current Age If deceased, age and cause of death	Their children
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____
			# of males _____ # of females_____

Name of your father's mother (paternal grandmother): _____

If deceased, give age and cause of death: _____

Name of your father's father (paternal grandfather): _____

If deceased, give age and cause of death: _____

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Part F – QUESTIONS FOR US?

Please use this space to list any questions that you have for the geneticist/genetic counsellor at this time. You will have plenty of time to ask further questions when you meet with us, so do not feel like you have to list them here.

_____

_____

_____

_____

_____

_____

_____

Part G – FEEDBACK FOR US?

These forms are designed to provide us with some background information about your medical and family history prior to your appointment and will help us provide you with the most accurate assessment about the inherited heart condition that you are being referred for. We have recently modified the forms and are looking for your feedback. Please provide us with any comments, concerns or suggestions regarding these forms.

_____

_____

_____

_____

Congratulations….you're done! Thank you for your time, we appreciate your efforts.