

- Complete the form on the computer or print it out and fill it in by hand.
- Take the completed form to the consultation.
- If you do not have a printer, use the form as an aid. Write down all the information you have on a piece of paper and take it to the consultation.

Family relationship	First name and family name	Year of birth	Year of decease <i>(if applicable)</i>	(Hereditary) disease	Age diagnosis
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You and your family

You

Your father

Your mother

Your son / daughter*

Your son / daughter*

Your son / daughter*

Your son / daughter*

Your son / daughter*

Your son / daughter*

Your brother / sister*

Your brother / sister*

Your brother / sister*

Your brother / sister*

Your brother / sister*

Your brother / sister*

Family of your father

Your grandfather *(father of your father)*

Your grandmother *(mother of your father)*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

brother / sister of your father*

Family of your mother

Your grandfather *(father of your mother)*

Your grandmother *(mother of your mother)*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

brother / sister of your mother*

* if applicable.