Registration for genetic consultation

Patient data

Name, first name of the insured person

Date of Birth

Place of residence (street, house number, postal code, city)

Phone

Type of insurance / name of the health insurance company

In case of genetic consultation for a child, please also provide parents' data:

Name, first name

Date of Birth

Name, first name

Date of Birth

In case of genetic consultation of a couple, please also provide details of the partner:

Name, first name

Date of Birth

Reason for genetic consultation:

Have you already been genetically counselled? ☐ Yes ☐ No

If so, when and with what indication?

Are relatives affected by a genetic disorder? ☐ Yes ☐ No

If yes, which kind and degree of kinship:

With my signature I confirm the accuracy of my information.

Place and date

Signature of patient or legal representative (for legal representatives: last name, first name in block letters)

Medizinische Genetik Mainz

Medizinische Genetik Mainz
Haifa-Allee 38 | 55128 Mainz | Germany
Phone: +49 6131 27661-0 | Fax: +49 6131 27661-11
www.medgen-mainz.de