

Family Health History

A complete family health history should be obtained on each patient. This can be done using one of the many paper or electronic collection tools publicly available (see 1-page resource guide) or an internally developed process.

We recognize your time with patients is short.

Here are the minimum family health history questions to ask your patients.

I am going to ask you a few questions about your family's health history. When answering the questions, I want you to think about both your mom's side and dad's side of the family — your parents, siblings, children, nieces, nephews, aunts, uncles, grandparents, and cousins.

- 1** Have you, or any of your blood relatives, ever been diagnosed with a birth defect, medical problem, or chronic illness? For example, cleft palate, cystic fibrosis, cancer, heart disease, or diabetes.
✓ If yes, document the condition and at what age it was diagnosed.
- 2** Are there any conditions that appear to run in your family?
✓ If yes, document the condition and at what age it was diagnosed.
- 3** Do you have any family members that died before the age of 50 (including any infants or children that passed away)?
✓ If yes, document at what age and cause of death.

Additional question for women of child bearing age:

- 4** Have you, or any women in your family, had 2 or more miscarriages?

Did you know?

- ✓ On average it takes 6 minutes for new patients and 3 minutes for established patients to obtain a family health history.
(Source: Acheson LS et al. Family history-taking in community family practice: Implications for genetic screening. *Genet Med.* 2000 May–June;2(3): 180-5)
- ✓ 100% of primary care providers surveyed agreed that health-related genetic information has important social, emotional, and psychological implications for individuals and families.
(Source: Genetics in Primary Care Needs Assessment with the Quality Improvement and Innovation Network; 2012 Survey)
- ✓ A positive family health history alters the screening and management of 17 of the US Prevention Services Task Force Recommendations.
- ✓ Obtaining a patient's Family Health History can help build rapport.



Genetic risks and services

The minimum family history questions can highlight potential genetic risks. The closer the relationship to the patient, the younger the age at diagnosis and the more family members with that condition, all increase the likelihood of a genetic or heritable risk.

Question 4 is added to identify couples at risk of further miscarriages or of having a child affected with a chromosomal abnormality. In approximately 5% of couples that experience recurrent miscarriages, one partner has a balanced chromosomal translocation. Cytogenetic (chromosomal) studies can identify these carriers. These individuals can benefit from understanding reproductive alternatives or available prenatal testing options.



Other factors that may alert you to a possible genetic risk include:

- ✓ Conditions more common in certain populations such as Cystic Fibrosis in Caucasians, Sickle Cell disease among African-Americans and Hispanics, Beta-thalassemia in families of Mediterranean descent, Alpha-thalassemia in individuals of Southeast Asian ethnicity or Tay-Sachs disease in Ashkenazi Jewish families. In these circumstances carrier screening should be considered.
- ✓ Couples that are related in some way (consanguinity or incest), as the risk for Autosomal Recessive disorders is increased. Carrier screening may be considered.

Genetics clinics

You may consider a genetics consult or refer a patient to a genetics clinic for any positive family health history.

The location of Washington's Regional Genetics Clinics and contact information can be found on the Department of Health website:

<http://www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/GeneticServices/GeneticClinics.aspx>

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