THE VALLEY HOSPITAL
Paramus, New Jersey

Genetic Counseling New Patient

Please fill this out to the best of your ability. This information will be reviewed and confirmed during the appointment. Please bring a copy of your referral, other medical records, and any previously completed genetic test results for review. Thank you!

Today's Date _____

Patient and Contact Information:

Patient Name _____ Date of Birth ___/___/___

Address _____ City _____ State _____ ZIP _____

Parent/Guardian (1) _____ Relationship to Patient _____

Cell Phone _____ Home Phone _____ Email _____

Parent/Guardian (2) _____ Relationship to Patient _____

Cell Phone _____ Home Phone _____ Email _____

Who will accompany patient to their appointment: _____

Gender: ☐Male ☐Female ☐Transgender Male ☐Transgender Female

☐Genderqueer ☐Other ☐Choose Not to Disclose

Does the patient's sex at birth match current gender identity? ☐Yes ☐No ☐Choose not to disclose

Sexual Orientation: The state has mandated that everyone be asked their sexual orientation regardless of age

☐Straight or Heterosexual ☐Lesbian, Gay, or Homosexual ☐Bisexual ☐Other ☐Don't Know

Primary Language _____

Pediatrician _____ Referring Provider _____

Is this child legally adopted? ☐Yes ☐No

Who is their legal guardian? _____

Is this child in foster care? ☐Yes ☐No

Caseworker/Agency? _____

Patient Lives With: _____

Preferred Method to release genetic test results when applicable: ☐Email ☐Mail

Insurance

We encourage you to call your insurance company and verify your financial responsibility. Visits are billed as HOSPITAL OUTPATIENT VISITS and will be subject to your insurance deductible. If you have questions, the Kireker Center staff will be happy to help. Please bring your insurance card and driver's license for registration.

Primary Insurance: _____

Secondary Insurance: _____

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Guarantor (Holder of Insurance)_____ Guarantor's Date of Birth _____

Relationship to Patient _____ Occupation _____

Guarantor's Address _____

☐ Check if same as patient's address.

Guarantor's Employer _____

Employer's Address _____

Employer's Phone Number _____

Patient's Birth History

Weeks of Pregnancy _____ Birth Weight _____ **Delivery Type**: ☐ Vaginal ☐ Section

Hospital/Place of Birth _____

This pregnancy was:

☐ Spontaneous ☐ Achieved via assisted reproductive technology ☐ Twin ☐ Surrogacy

Was this pregnancy high risk? ☐ Yes ☐ No

Where there any pregnancy complications? ☐ Yes ☐ No

If yes, please describe _____

Where there any maternal complications? ☐ Yes ☐ No

If yes, please describe _____

Where there any exposures during this pregnancy? ☐ Yes ☐ No

If yes, please describe _____

Was there genetic testing completed during the pregnancy? ☐ Yes ☐ No

If yes, please describe _____

Patient's Medical History

Has your child had any of the following experiences/procedures? If yes, please list name of procedure and best approximate date.

Surgeries _____

Hospitalizations _____

Therapies (past and present) _____

Imaging _____

Please list the specialists they see or once saw _____

_____

Has your child ever had any genetic testing completed in the past? ☐ Yes ☐ No

If yes, please describe _____

Do you have a specific concern at the moment?

_____

_____

_____

_____

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Developmental History

Has your child received any of the following diagnoses?

☐Autism ☐Developmental Delay ☐Intellectual Delay

☐Learning Disorder/Learning Challenge ☐Genetic Disorder Other Condition

At what age did your child:

Roll back to belly_____ Roll belly to back _____ Sit unassisted_____

Crawl_____ Walk _____ First Words_____ Combine Words _____ Sentences_____

Roll_____ Sit-up _____ Walk _____ Talk _____ Speak in sentences _____

Name of school/day care center _____

What grade are they in school?_____

Does your child receive any support or accommodation in school?

☐1:1 Aide ☐504 ☐IEP ☐Small group learning for Reading or Math

Are you or their teacher concerned about their progress? _____

Family History

Siblings:

Age	Gender	Medical conditions and age at diagnosis.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents:

Age	Gender	Medical conditions and age at diagnosis.
_____	_____	_____
_____	_____	_____

Grandparents:

Age	*Gender*	Medical conditions and age at diagnosis.
_____	_____	_____
_____	_____	_____

Cousins, Aunts, and Uncles:

Age	Gender	Medical conditions and age at diagnosis.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extended Relatives:

Age	Gender	Medical conditions and age at diagnosis.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Is there a family history of any of the following on either side of the family?

☐ Cancer ☐ Unexplained Death ☐ Intellectual Disability

☐ Developmental Delay ☐ Autism ☐ Genetic Testing

☐ Congenital Anomalies (differences to the structure of the body)

☐ Recurrent miscarriages (3+) or still births ☐ NICU hospitalizations

Is there a possibility that the patient's mother and father are related by blood (first, second, third cousins for example)?
☐ Yes ☐ No

Is there anything else that would be helpful for the genetic counselor to know prior to this appointment?

Cancellation/Attendance Policy

Children cannot be left unattended in the waiting room.

If you are unable to keep an appointment, please call 201-612-1006 in advance to cancel.

We reserve the right to charge for No Shows. Be advised that your insurance company will not reimburse for any no-show appointments.

Communication and Medical Record Requests

Communications via email will be encrypted in order to safeguard Protected Health Information ("PHI") unless the patient or personal representative requests otherwise. A summary of the genetic counseling visit will be sent to the referring physician and pediatrician (if different providers).

You can access the medical records by a formal request via the link below or without delay via the patient portal. The staff are not able to provide you with copies of medical records. More information regarding accessing the portal will be provided based on the patient's age.

All other medical record requests can be completed via this link:
https://www.valleyhealth.com/patients-visitors/health-information-management