Integrated GENETICS
LabCorp Specialty Testing Group

Patient Information & Pregnancy Questionnaire

Last Name: _____ First Name: _____ Date of Birth (M/D/Y): _____

Address: _____ City: _____

State: _____ Zip: _____ County (CA only): _____ Occupation: _____

PARTNER INFORMATION (if the patient is pregnant, then "partner" is the father of the pregnancy)

Last Name: _____ First Name: _____

Date of Birth (M/D/Y): _____ Occupation: _____

PATIENT CONTACT INFORMATION AND AUTHORIZATION:

Cell: _____ Home: _____ Work: _____

May we leave a detailed voice message that includes **confidential medical information and test results**? ☐NO ☐YES

If YES, check all that apply: ☐Cell ☐Home ☐Work

If we are unable to reach you, is there another person with whom we can leave a detailed voice message that includes **confidential medical information and test results**: ☐NO ☐YES If YES, complete below:

Name: _____Relationship:_____Number: _____

●Patient has the right to revoke permission for the confidential voice mail ●Patient assumes responsibility for information left on the confidential voice mail

REFERRING DOCTOR OR CLINIC INFORMATION:

Name: _____ Phone: _____

Address: _____ City: _____

PREGNANCY AND EXPOSURE INFORMATION

Are you currently pregnant? ☐NO ☐YES Due date: _____

Have you taken any medications during this pregnancy (besides prenatal vitamins or Tylenol)? ☐NO ☐YES

If yes, please list: _____

Since becoming pregnant, have you had any:
(Or if not pregnant please check current exposures)

Recreational Drugs	☐NO	☐YES _____	Diabetes?	☐NO	☐YES
Cigarettes	☐NO	☐YES _____	A seizure disorder?	☐NO	☐YES
Alcohol	☐NO	☐YES _____	Lupus?	☐NO	☐YES
Fevers (greater than 101˚ F)	☐NO	☐YES _____	**Are you adopted?**	☐NO	☐YES
X-rays (other than dental)	☐NO	☐YES _____	**Is your partner adopted?**	☐NO	☐YES

Do you have any of the following conditions?

ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

PATIENT SIGNATURE: _____ **DATE:** _____

Integrated Genetics is a business unit of Esoterix Genetic Laboratories, LLC, a wholly-owned subsidiary of Laboratory Corporation of America Holdings.

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Genetic Counseling Patient Rights and Obligations

Reproductive Genetic Counseling

Your health care provider has referred you to Integrated Genetics/Esoterix Genetic Laboratories for genetic counseling. In addition to providing genetic counseling services, Integrated Genetics/Esoterix Genetic Laboratories performs genetic testing. Genetic counselors support patients and their physicians by identifying genetic risks, explaining appropriate genetic testing options, discussing the implications of test results, and helping patients make informed healthcare decisions.

During the genetic counseling session, the genetic counselor will ask you detailed questions about your personal reproductive history, as well as your personal and family medical history. Based on the information provided during the session, the genetic counselor will identify and discuss identified genetic risk factors that may affect you or your offspring. The genetic counselor will explain any available test and procedure options, such as amniocentesis, including their benefits and limitations. Based on your inclination and your judgment, you decide whether or not to have any genetic tests or procedures. The decision is entirely yours.

It is important to understand that the genetic counselor will use only the information provided by you and your health care provider's office in order to assess specific genetic risks. It is your responsibility to ensure that the information provided to the genetic counselor is as accurate and complete as possible. If any relevant genetic test results are unavailable at the time of genetic counseling, the genetic counselor cannot provide you with the most relevant risk assessment regarding these test results and the underlying genetic condition(s). It is your responsibility to contact your current and former health care provider's offices to forward any relevant test results to the genetic counselor and to contact the genetic counselor to schedule a follow-up consultation if you desire further risk assessment regarding these test results. If you learn any new or different information about your family or reproductive history, it is likewise your responsibility to recontact the genetic counselor following your genetic counseling appointment. If you choose to email necessary test results or other medical information or records to your genetic counselor, you will assume all responsibility for the security of the e-mail transmission and any potential risk of your e-mail being misdirected to any unintended recipient.

Our policy prohibits audio/video recording of the genetic counseling session or taking photographs/video of the materials or genetic counselor.

You may decide to proceed with the genetic testing that you discussed with the Integrated Genetics' genetic counselor. It is your responsibility to ensure the testing you have requested is performed. Your physician is responsible for ordering the testing and selecting the laboratory which will perform the testing.

Your genetic counselor will discuss with you how you will receive your test results. Results for most genetic tests are available in approximately 2 to 3 weeks. If you are expecting that either the genetic counselor or your health care provider's office will contact you with test results, and you have not heard from them in 2 to 3 weeks after testing, you should contact either your health care provider's office or the genetic counselor.

The genetic counselor provides genetic counseling at the request of your health care provider. Charges for genetic counseling and any genetic testing are separate from any ultrasound or physician charges during your pregnancy. Integrated Genetics/Esoterix Genetic Laboratories will bill your insurance company if you have provided insurance information to us. You will be responsible for payment of any remaining balance, including any deductible, co-payment or co-insurance.

Thank you for reviewing this and we hope you find this information helpful in understanding the role of genetic counseling. Please sign below to acknowledge that you have received and reviewed the above information.

Patient Name: _____ Patient Signature: _____ Date: _____

Genetic Counselor: _____ Phone: _____ Date: _____