

# Genetic Disorder Checklist

## Patient Information

Name:

Date of Birth:

Medical Record #:

## Genetic Disorder Screening

- ☐ Family history of genetic disorders
- ☐ Physical symptoms present
- ☐ Consanguinity (parents related)
- ☐ Previous genetic testing performed
- ☐ Developmental delay
- ☐ Intellectual disability
- ☐ Dysmorphic features
- ☐ Multiple congenital anomalies
- ☐ Recurrent miscarriages in family

## Suspected Disorders

- ☐ Cystic Fibrosis
- ☐ Sickle Cell Anemia
- ☐ Thalassemia
- ☐ Down Syndrome
- ☐ Muscular Dystrophy
- ☐ Hemophilia
- ☐ Phenylketonuria (PKU)
- ☐ Tay-Sachs Disease
- ☐

Additional Notes: