

Case Summary/ Data

Student: _____ Case # _____ Date: _____ Clinic: _____

Supervisor: _____ GC MD Certified

Service Type: Fetal Risk Evaluation Diagnostic Evaluation/Management Genetic Risk Evaluation
 Pregnant Face-to-face Affected Child Adult

Diagnosis/ Indication:

Management Roles	Notes
Case Prep	
Collect History	
Pedigree	
Risk Assessment	
Eval/ Coordinate Testing	
Documentation	
Follow-up	
Education Roles	Notes
Education agenda	
Inheritance pattern	
Risk Counseling	
Diagnosis/ nat. hx	
Management/prevention	
Testing options	
Results disclosure	
Research options	
Counseling Roles	Notes
Rapport/ Contracting	
Psychosocial Assessment	
Psychosocial Support/ Counseling	
Resource/ Referral	
Case processing/reflection	

USE REVERSE SIDE OF SHEET FOR ADDITIONAL NOTES NEEDED TO PREPARE CASE SUMMARY SHEET

Student Initials _____ Supervisor Initials _____