Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]
DOB: [Patient Date of Birth]

Subject: Consultation Regarding Family History and Genetic Risk

Dear [Patient Name],

This letter is to summarize our recent discussion regarding your family medical history and the potential for inherited genetic risks. Based on the information provided about your relatives, specifically the history of [Insert Condition, e.g., Breast Cancer/Heart Disease], we discussed the following:

1. Assessment of Risk:
Your family history suggests an increased risk for [Insert Condition]. This is based on the [Number] of affected family members and the age(s) at which they were diagnosed.

2. Genetic Testing Options:
We discussed the option of genetic testing to identify specific mutations, such as [Insert Gene, e.g., BRCA1/BRCA2]. Testing is voluntary and may help clarify your personal risk level.

3. Recommended Next Steps:

- [ ] Schedule a follow-up appointment with a Genetic Counselor.
- [ ] Proceed with blood/saliva sample collection for genetic screening.
- [ ] Begin enhanced clinical surveillance (e.g., more frequent screenings).
- [ ] Gather further medical records from affected family members.

4. Limitations:
Please remember that genetic testing can provide information about risk, but it does not provide a definitive diagnosis of future illness. Results may be positive, negative, or uncertain (variants of unknown significance).

We have provided you with educational brochures regarding [Insert Condition]. Please review this information and contact our office at [Phone Number] if you have any further questions or wish to proceed with testing.

Sincerely,

[Doctor Name]
[Clinic/Department Name]
[Contact Information]