

# Female Relative Outreach Interview Tool (FRUIT)

## Mid-Atlantic Region

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

**MRN:** \_\_\_\_\_

***Purpose:*** *The purpose of this form is to increase identification of female relatives (mothers, sisters, aunts, cousins, etc.) of hemophilia patients that are at risk of being carriers of a hemophilia gene mutation.*

1. Is genotyping information in the current medical record for the hemophilia patient?  
 YES                       NO
  
2. If no, why is genotyping information not available?  
 Patient declined  
 Patient was not approached  
 Testing was done externally and copy not obtained  
 Testing was not covered by insurance  
 N/A  
 Other: \_\_\_\_\_
  
3. Is there evidence in the medical chart that a healthcare provider has had a conversation with the patient/parent or guardian of the patient concerning the importance of tracking and educating female relatives *at past visits*?  
 YES                       NO                      Date: \_\_\_\_\_
  
4. Did you have a conversation with the patient/parent or guardian of the patient *today* concerning the importance of tracking and educating female relatives?  
 YES                       NO                       N/A
  
5. Have female relatives of this patient been identified?  
 YES                       NO
  
6. Are you tracking which female relatives have been identified?  
 YES                       NO
  
7. If yes, which/ **how many** female relatives have been identified?  
 Mother  
 Sister(s)  
 Maternal Aunt(s)  
 Cousins(s)  
 Other: \_\_\_\_\_

*It is recommended that the medical record be noted for female relatives who have received genetic testing, genetic counseling, or genetic education.*

Comments: \_\_\_\_\_