

Personal & Family History Questionnaire

PERSONAL INFORMATION		
Patient Name	Date of Birth	Age
Gender (M/F)	Today's Date (MM/DD/YY)	Health Care Provider

This is a screening tool to identify cancers that run in families. To provide an accurate assessment of your cancer risk, it is **CRITICAL** your family history is completed in its entirety. We want to know about **EVERY** family member including yourself that has been diagnosed with cancer. **AGE** of diagnosis is **VERY** important, if exact age is not known, estimations are fine. Include the following male and female relatives from your mother and father's side.

INCLUDE: self, mother, father, brothers, sisters, 1/2 siblings, children, grandparents, grandchildren, aunts, uncles, nieces, nephews, cousins, great grandparents, great aunts and great uncles.

CANCER		YOU	MOTHER'S SIDE	AGE OF DX	FATHER'S SIDE	AGE OF DX
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<i>EXAMPLE</i> Breast Cancer	<i>Aunt: both were breast</i> <i>Cousin: breast</i>	<i>51, 58</i> <i>48</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	BREAST CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	OVARIAN CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	UTERINE / ENDOMETRIAL CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	COLON / RECTAL CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	PANCREATIC CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	PROSTATE CANCER				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	MELANOMA				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	OTHER CANCER				

Have you or any family member had genetic testing? No Yes If Yes, RESULTS: _____

ANCESTRY: (please circle)

Ashkenazi Jewish	White / Non-Hispanic
Hispanic/Latin	Asian
Native American	Pacific Islander
Middle Eastern	Black/African
Other: _____	

NEXT STEPS:

- I want to move forward with genetic testing today
- I would like to schedule an appointment for testing

OFFICE USE ONLY:

Patient appropriate for genetic testing: No Yes Patient offered genetic testing: Accepted Declined