

Hereditary Cancer Screening and Risk Reduction Program Personal and Family History of Cancer Form

Name: _____

DOB: _____

Directions:

List ALL family members, including those with and without cancer. If an exact age is not known, give an approximate age or age range. Use an additional page if you need extra space. You may not know each piece of information. It may be helpful to contact family members who may know additional information.

*****Bring this form to your appointment for genetic counseling*****

Background:

What is your family's ancestry/ethnic background (part of the world your family originally came from)?

Mother's side: _____ Father's side: _____

Is your family Ashkenazi Jewish? (Circle your answer): Yes No Not sure

Has anyone in your family married a blood relative? Yes No Not sure

If yes, list which relatives and explain how they are related:

Have you, or anyone in your family, ever had genetic testing? Yes No Not sure

If possible, please bring copies of the test results to your appointment.

Your Own History: Answer only if applicable

<i>Cancer</i>	<i>Age at diagnosis</i>	<i>Treatment or Surgeries related to diagnosis</i>

Have you ever had a colonoscopy? Yes No

When was it done?

Doctor:

Any polyps removed? How many?

Do you think you have had more than 10 polyps in your life? Yes No

Female Patients only:

Age of your first period:

Have you ever had a breast biopsy? (circle your answer): Yes No

Have you ever taken hormone replacement therapy? Yes No

How old were you when you had your first child?

Age of menopause?

Your Immediate Family:

List ALL your children below

FIRST NAME		Age/Age of death	Cancer Type(s), If applicable	Age at diagnosis
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			

Your Brothers and Sisters: List ALL your siblings. If half-sibling, specify which parent you share (example: Same Mother or same Father)

FIRST NAME	Full/ Same Mom/ Same Dad	Age/Age of death	Cancer Type(s), If applicable	Age at diagnosis
M/F		Alive/ Deceased		
M/F		Alive/ Deceased		
M/F		Alive/ Deceased		
M/F		Alive/ Deceased		
M/F		Alive/ Deceased		
M/F		Alive/ Deceased		

Your Nieces/Nephews/or Grandchildren: List any of your relations **IF** they have/had cancer. Specify who is his/her parent in the first column, i.e. Alice's daughter

FIRST NAME		Age/Age of death	Cancer Type(s), If applicable	Age at diagnosis
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			
M/F	Alive/ Deceased			

Your Mother's Family

Relationship to you		Age/Age of death	Cancer Type(s), if applicable	Age at cancer diagnosis
Mother	Alive/ Deceased			
Grandmother	Alive/ Deceased			
Grandfather	Alive/ Deceased			
Mother's Brothers/Sisters: List EACH of you mother's brothers and sisters (your aunts and uncles) below, even if they did not have cancer.				
FIRST NAME				
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
Cousins List any cousins on your mother's side <u>WHO HAVE/HAD CANCER.</u> Specify who is his/her parent in the first column, i.e. Alice's daughter				
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			

Your Father's Family

Relationship to you		Age/Age of death	Cancer Type(s), if applicable	Age at cancer diagnosis
Father	Alive/ Deceased			
Grandmother	Alive/ Deceased			
Grandfather	Alive/ Deceased			
Father's Brothers/Sisters: List EACH of you father's brothers and sisters (your aunts and uncles) below, even if they did not have cancer.				
FIRST NAME				
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
Cousins List any cousins on your father's side <u>WHO HAVE/HAD CANCER</u> . Specify who is his/her parent in the first column, i.e. Alice's daughter				
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			
	M/F Alive/ Deceased			