

# GUTHRIE LOURDES

Hereditary Cancer Risk Clinic

## Family History Questionnaire

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Instructions

Please complete this form to the best of your ability before your appointment. This may take 30 minutes or more to complete.

- List **all** family members (living and deceased)
- Include those without cancer
- If you are unsure about someone's health history, please try to ask a family member before your visit.
- Bring genetic test results if available

### Ancestry

Your Mother's family ancestry (country of origin prior to living in USA)	
Your Father's family ancestry (country of origin prior to living in USA)	

### Background Questions

Do you have Central/Eastern European Jewish or Ashkenazi Jewish ancestry in your family?:

Yes  No  Unknown

Has anyone in your family married a blood relative?:  Yes  No  Unknown

Have you or anyone in your family had genetic testing for cancer?:  Yes  No  Unknown

Do you have any biological children?:  Yes  No

Are you adopted?:  Yes  No

Is there a known genetic variant or hereditary cancer syndrome in your family?:  Yes  No

If yes, please list the known variant: \_\_\_\_\_

Have you had a colonoscopy?:  Yes  No

Do you have a personal history of cancer?:  Yes  No

**MALES only:**

Have you had screening for prostate cancer?:  Yes  No

**FFEMALES only:**

Age of first period? \_\_\_\_\_

How old were you when you had your first child? \_\_\_\_\_

Age of menopause if applicable? \_\_\_\_\_

Have you ever taken hormone replacement therapy?:  Yes  No

Have you ever had a breast biopsy?  Yes  No

**Your Children: Please list all, even those with no cancer diagnosis**

First Name	Gender	Age	Any Cancer Diagnosis or Genetic testing	Age at Diagnosis

**Mother & Maternal Grandparents: Please list all, even those without cancer**

Relative	First Name	Age	Age at Death	Any Cancer Diagnosis or Genetic testing	Age at Diagnosis
Mother					
Your mothers mother					
Your mothers father					

**Father & Paternal Grandparents: Please list all, even those without cancer**

Relative	Name	Age	Age at Death	Any Cancer Diagnosis or Genetic testing	Age at Diagnosis
Father					
Your fathers mother					
Your fathers father					

**Siblings : Please list all, even those without cancer**

Name	Full/Half Sibling (choose one)	Gender	Age	Age at Death	Any Cancer Diagnosis or Genetic testing	Age at Diagnosis
	Full Same mother Same father					
	Full Same mother Same father					
	Full Same mother Same father					
	Full Same mother Same father					
	Full Same mother Same father					
	Full Same mother Same father					
	Full Same mother Same father					

**Aunts & Uncles on your mother's side: Please list all, even those without cancer**

Name	Gender	Age	Age at Death	Any Cancer Diagnosis or Genetic testing	Age at Diagnosis

