

# Cancer History Questionnaire

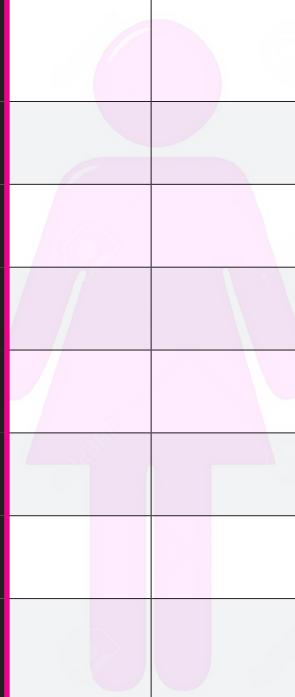
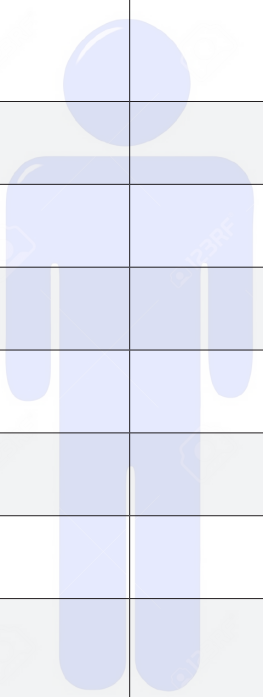
To assess your personal hereditary cancer risk, please complete the questionnaire below and return it to your healthcare provider. Studies have demonstrated that some individuals and families are at increased risk of developing specific cancers based on their genetic information. By reviewing your personal and family history, your healthcare provider can determine whether or not you are a candidate for genetic testing.

Please indicate below whether there is a personal or family history for any of the listed cancers. Review each cancer individually noting that the same cancer diagnosis may be listed more than once. Be sure to consider parents, children, brothers, and sisters as well as grandparents, aunts, uncles, and cousins on both sides of your family. If there is a personal or family history for any of the listed cancers, be sure to also indicate the age at diagnosis and family relationship in each instance.

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

Gender (circle one): Male or Female Ethnicity: \_\_\_\_\_ Date: \_\_\_\_\_

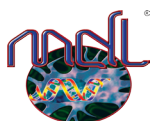
Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

	Self		Immediate Family		Extended Family		
	Age at Diagnosis	Mother, Father, Brother, Sister or Children	Age at Diagnosis	Maternal Relatives	Age at Diagnosis	Paternal Relatives	Age at Diagnosis
Breast Cancer							
Colon Polyps (indicate number):							
Colon/Rectal Cancer							
Ovarian Cancer							
Pancreatic Cancer							
Prostate Cancer							
Uterine/Endometrial Cancer							
Other (please specify):							

Please indicate any previous hereditary cancer genetic testing.

**Self:**  No  Yes Result: \_\_\_\_\_

**Relative:**  No  Yes Relation: \_\_\_\_\_ Result: \_\_\_\_\_



Medical Diagnostic Laboratories L.L.C.

A MEMBER OF GENESIS BIOTECHNOLOGY GROUP [www.mdlab.com](http://www.mdlab.com) • 877.269.0090

