

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 (Required): <input type="checkbox"/> Female <input type="checkbox"/> Male		
Race/Ethnicity:		<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Jewish (Ashkenazi)	<input type="checkbox"/> Other
		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
Email Address:		Telephone:		Date:	
Insurance Carrier (to determine the appropriate Medical Necessity guidelines):					
Doctor's Name:			Best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email		

	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
Example:		Mother	50	Aunt Cousin	51 53	Grandfather	65
Breast Cancer							
Colon/Rectal Cancer							
Ovarian Cancer							
Pancreatic Cancer							
Metastatic Prostate Cancer							
High-Grade Prostate Cancer							
Uterine/Endometrial Cancer							
Other (please specify):							

Please indicate any previous hereditary cancer genetic testing.

Self: No Yes Result: _____ Date: _____

Relative: No Yes Relation: _____ Result: _____

A genetic consultant will contact you to schedule a time to review your personal and family history. For taking the time to submit the questionnaire, a donation will be made to cancer research.