

Personal & Family Cancer History

Name: _____ Date: _____ Date of Birth: _____ Age: _____

Please complete the section below: Include **yourself and all 1st and 2nd degree male and female blood relatives on both your mother's and father's sides**. Specify which relatives had cancer and estimate ages of diagnosis to the best of your ability.

1st Degree Relatives: **Parents, Siblings, Children**

2nd Degree Relatives: **Grandparents, Aunts/Uncles, Nieces/Nephews**

CANCER HISTORY		You	Siblings/ Children	Mother's Side	Father's Side	Age of Diagnosis	Living?
No	Yes	BREAST CANCER diagnosed age 49 or younger					
No	Yes	BREAST CANCER diagnosed in both breasts or same breast twice					
No	Yes	Ashkenazi Jewish heritage with a BREAST CANCER at any age					
No	Yes	MALE BREAST CANCER at any age					
No	Yes	3 or more BREAST and/or PROSTATE CANCERS same side of family, any ages					
No	Yes	PANCREATIC CANCER at any age					
No	Yes	OVARIAN CANCER at any age					
No	Yes	COLON or UTERINE CANCER diagnosed at age 49 or younger					
No	Yes	3 or more COLON and/or UTERINE CANCERS on same side of family any age					
No	Yes	Have <u>YOU</u> had a personal diagnosis of COLON or UTERINE CANCER diagnosed at 64 or younger? Age? ____					
No	Yes	Have <u>YOU</u> had a personal diagnosis of BREAST CANCER diagnosed at age 50 or young? Age? ____					

Patient Signature: _____ Date: _____

OFFICE USE ONLY: Patient offered genetic testing: Yes / No Accepted / Declined
 Provider Signature: _____