



Genetic Risk Evaluation and Testing Program

Personal and Family History Questionnaire

Name: \_\_\_\_\_

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

Your appointment has been scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Office: \_\_\_\_\_

PLEASE BRING THIS COMPLETED PACKET TO YOUR APPOINTMENT

INSTRUCTIONS: Please complete this form to the best of your ability PRIOR to your appointment. Please remember to list ALL relatives, both living and deceased, regardless of if they have had cancer or not. If you are unsure about a family member's health history, please try to discuss this with a relative prior to the appointment. In addition, if any of your relatives have had genetic testing please bring a copy of their test results to your appointment.

Your Mother's family ancestry (country/countries of origin prior to USA): \_\_\_\_\_

Your Father's family ancestry (country/countries of origin prior to USA): \_\_\_\_\_

Do you have Central/Eastern European Jewish or Ashkenazi Jewish Ancestry in your family? (please circle selections)

Table with 4 columns: Family type, Yes, No, Unsure. Rows for Mother's family and Father's family.

Main screening test table with columns: Screening Test, Date of Most Recent Exam, Results of Most Recent Exam, Age at First Exam, How often do you have this?, Comments. Includes sections for Women, Men, and Men and Women.



Genetic Risk Evaluation and Testing Program Personal and Family History Questionnaire

- 1. Have you been diagnosed with Colon polyps?
2. Have you ever smoked?
3. Do you drink alcohol?
4. For Women: At what age did your periods start? Why did your periods stop? #of pregnancies #of births # of Miscarriage or abortions
Have you ever taken hormone replacement therapy (HRT)?
Have you ever taken oral contraceptives (OCPs)?
Have you ever taken medication to increase fertility?
Have you ever had a breast biopsy?
Did your biopsy show any of the following?
Have you had a hysterectomy?
Have you had an oophorectomy?



# MISSOURI CANCER ASSOCIATES

## Genetic Risk Evaluation and Testing Program Personal and Family History Questionnaire **YOUR FAMILY HEALTH HISTORY**

**PLEASE LIST ALL FAMILY MEMBERS EVEN THOSE WITHOUT CANCER**

Add any additional family members on a separate page if needed.

Please include a copy of genetic test results if possible. If you have death certificates or pathology reports on family members with cancer or pre-cancer, please include with your packet.

### Your Children: (Please list all, even those without cancer)

Name	Sex	Current Age	Age at death	Type of Cancer	Age at diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

### Your Grandchildren: (Please list all, even those without cancer)

Name	Parent (ex: son John)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					



**Genetic Risk Evaluation and Testing Program  
Personal and Family History Questionnaire**

**Your Brothers and Sisters: (Please list all, even those without cancer)**

Name	Full or Half Sibling?	Sex	Current Age	Age at death	Type of Cancer	Age at diagnosis	Benign or Precancerous growth
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					
	<input type="checkbox"/> Full Sibling <input type="checkbox"/> Same Mother <input type="checkbox"/> Same Father	M / F					

**Your Nieces and Nephews: (Please list all, even those without cancer)**

Name	Parent (Sister Mary)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					



*Genetic Risk Evaluation And Testing Program*

**Your Mother and Maternal Grandparents (Please list all, even those without cancer)**

Relative	Name	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
Mother						
Your Mother's Mother						
Your Mother's Father						

**Aunts and Uncles on your MOTHER'S side of the Family (Please list all, even those without cancer)**

Name	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

**Cousins on your MOTHER'S Side of the Family (Please list all, even those without cancer)**

Name	Parent (Uncle Joe)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					



*Genetic Risk Evaluation And Testing Program*

<b>Your Father and Paternal Grandparents (Please list all, even those without cancer)</b>						
Relative	Name	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
Father						
Your Father's Mother						
Your Father's Father						

<b>Aunts and Uncles on your FATHER'S side of the Family (Please list all, even those without cancer)</b>						
Name	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

<b>Cousins on your FATHER'S Side of the Family (Please list all, even those without cancer)</b>							
Name	Parent (Uncle Joe)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					



**Genetic Risk *E*valuation And *T*esting Program**

**Authorization to Disclose My Genetic Consultation and Genetic Test Results**

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

I Authorize Missouri Cancer Associates to disclose genetic consultation notes and genetic test results to the following physicians, family members or persons:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

This Authorization ends one year following the date at which it is signed unless otherwise noted here:

\_\_\_\_\_

\_\_\_\_\_  
Patient or Legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (Guardian, parent, etc)