# Family History Questionnaire

Please complete and return the completed questionnaire for your appointment with us. Please return it to us by mail or fax. You may also submit this form electronically by completing our online questionnaire (https://geneticscenter.com/cancer-questionnaire/?lang=en). We need to receive the questionnaire at least **one day before** your appointment. Please feel free to call if you have any questions. It is also highly advised that you provide any records or reports that you may have.

Thank you,

Genetics Center

GENETICS CENTER

**211 South Main Street**
**Orange, California 92868**
**Phone: (714) 288-3500**
**Fax: (714) 288-3510**

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# FAMILY HISTORY QUESTIONNAIRE

Completing this questionnaire will help us to determine the risk of a hereditary cancer predisposition in your family. Please answer these questions as completely as possible. If you are uncertain about any information, please write in your best guess or write unknown.

Names of family members are used only as a reference. This information will not be used to contact your relatives.

If yourself or any family member is transgender or non-binary, please make a note on the last page so that we can assess organs at risk for cancer.

If you have questions, please contact our office at 714-288-3500. Fax the completed questionnaire to 714-288-3510, you may also drop off or mail your questionnaire to the Genetics Center at least 2 days prior to your appointment.

## PERSONAL HISTORY

Name: ______________________ ______________________ ______________________
First Last Maiden (If applicable)

Date of birth: ______________________
(MM/DD/YYYY)

Have you ever been diagnosed with cancer? ☐ Yes (Y) ☐ No (N) ☐ Unknown (U)

If yes, what type(s) and at what age(s) were you diagnosed? (below)

| Age at Diagnosis | Cancer Location | Pathology (Cancer Type) | Treatment |
|---|---|---|---|
| *Example: 45* | *Breast* | *Lobular Carcinoma* | *Chemotherapy, lumpectomy* |
| | | | |
| | | | |

## SCREENING HISTORY

### WOMEN ONLY

Age at first period _____ Age at first live birth _____ (if applicable)

Have you ever used oral contraceptives? ☐Y ☐N ☐U If yes, how many years? ______________________
Between what ages? __________________________

Have you gone through menopause yet? ☐Y ☐N ☐U If yes, at what age? _____

Have you taken hormone replacement therapy? ☐Y ☐N ☐U If yes, how many years? ______________________

Have you had any breast biopsies? ☐Y ☐N ☐U If yes, how many? __________
If yes, at what age(s)? ________________________
Was atypical hyperplasia seen? ☐Y ☐N ☐U
If atypical hyperplasia? ☐DCIS or ☐LCIS

Have you had a hysterectomy (removal of uterus)? ☐Y ☐N ☐U If yes, at what age? _____
Reason: ____________________________________

Have you had an oophorectomy (removal of ovaries)? ☐Y ☐N ☐U If yes, at what age? _____
If yes, ☐Right ☐Left ☐Bilateral
Reason: ____________________________________

## MEN AND WOMEN

Have you had a colectomy (removal of colon)? ☐Y ☐N ☐U If yes, at what age? _____
If yes, ☐ Partial ☐ Complete ☐ Unknown
Reason: ______________________________

Have you ever had colon polyps? ☐Y ☐N ☐U If yes, how many? _____
If yes, what type? ______________________________

Have you been diagnosed with ulcerative colitis? ☐Y ☐N ☐U If yes, at what age? _____

Have you had a mastectomy (removal of breast tissue)? ☐Y ☐N ☐U If yes, at what age(s)? ______________________________
If yes, ☐ Right ☐ Left ☐ Bilateral
Reason: ______________________________

Have you been diagnosed with fibrocystic breast disease? ☐Y ☐N ☐U

Have you had a thyroidectomy (removal of thyroid)? ☐Y ☐N ☐U If yes, at what age? _____
Reason: ______________________________

Have you had any other surgeries? ☐Y ☐N ☐U If yes, what? ______________________________

Have you had unusual skin findings (lumps, bump, lesions, light or dark spots)? ☐Y ☐N ☐U If yes, what? ______________________________

Have you or a family member ever been diagnosed with a genetic disorder? ☐Y ☐N ☐U If yes, what? ______________________________
Who? ______________________________

## FAMILY HISTORY

Family Countries of Origin before the United States (example: England, Nigeria, Mexico, Taiwan)
Maternal (Mother's) side: ______________________ Paternal (Father's) side: ______________________________

Are either of your parents of Ashkenazi (Eastern/Central European) Jewish descent? ☐Y ☐N ☐U
If yes, ☐ mother's side, ☐ father's side, ☐ both

Has anyone in your family had testing for a hereditary (inherited) cancer syndrome? ☐Y ☐N ☐U
If yes, what gene testing? ______________________________ Who was tested? ______________________________
What were the results? ______________________________
****If yes, bringing a family member's test results with you to the appointment may help in determining your risks.****

**When completing the section below (next page):**

- Please include ALL BLOOD RELATIVES whether or not they have had cancer.
- If there is not enough space for all relatives to be listed, please list answers on a separate sheet of paper.
- Please consult other family members, if necessary, to increase the accuracy of this information.
- If exact ages are not known, please provide your best estimate.

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## Your Parents and Grandparents

| Name | Alive (A)/ Deceased (D) | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology (if known) (adenomatous, papillary, etc.) |
|---|---|---|---|---|---|---|
| *Example: You* | ☐*A* ☐ *D* | *40* | ☐*Y* ☐ *N* | *35* | *Colon* | *Adenomatous* |
| You | ☐A ☐D | | ☐Y ☐N | | | |
| Your Mother | ☐A ☐D | | ☐Y ☐N | | | |
| Your Father | ☐A ☐D | | ☐Y ☐N | | | |
| Your mother's mother | ☐A ☐D | | ☐Y ☐N | | | |
| Your mother's father | ☐A ☐D | | ☐Y ☐N | | | |
| Your father's mother | ☐A ☐D | | ☐Y ☐N | | | |
| Your father's father | ☐A ☐D | | ☐Y ☐N | | | |

## Your Brothers and Sisters

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Sister 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Sister 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Sister 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Sister 4 | ☐A ☐D | | ☐Y ☐N | | | |
| Brother 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Brother 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Brother 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Brother 4 | ☐A ☐D | | ☐Y ☐N | | | |

## Your Children

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Daughter 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Daughter 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Daughter 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Daughter 4 | ☐A ☐D | | ☐Y ☐N | | | |
| Son 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Son 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Son 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Son 4 | ☐A ☐D | | ☐Y ☐N | | | |

## Your Aunts and Uncles (on your mother's side)

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Mother's Sister 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Sister 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Sister 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Sister 4 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Brother 1 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Brother 2 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Brother 3 | ☐A ☐D | | ☐Y ☐N | | | |
| Mother's Brother 4 | ☐A ☐D | | ☐Y ☐N | | | |

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## YOUR AUNTS AND UNCLES (ON YOUR FATHER'S SIDE)

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Father's Sister 1: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Sister 2: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Sister 3: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Sister 4: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Brother 1: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Brother 2: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Brother 3: | ☐A ☐D | | ☐Y ☐N | | | |
| Father's Brother 4: | ☐A ☐D | | ☐Y ☐N | | | |

## NIECES AND NEWPHEWS (CHILDREN OF YOUR BROTHERS AND SISTERS)

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |

## Cousins (children of your Mother's brothers and sisters)

| Name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |

## Cousins (children of your Father's brothers and sisters)

| Name/ Parent's name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name: | ☐A ☐D | | ☐Y ☐N | | | |

## Additional Relatives

| Name/ Parent's name | Alive/ Deceased | Current Age/Age at Death | Affected with cancer? | Age at cancer diagnosis | Location of Cancer (breast, lung, etc.) | Pathology |
|---|---|---|---|---|---|---|
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |
| Name:<br>Parent's Name:<br>Relation to you: | ☐A ☐D | | ☐Y ☐N | | | |

Additional Notes:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Your signature below confirms that the information submitted above is true and correct to your knowledge, and that you are the patient or legal guardian.

Patient or Legal Guardian (Print):_______________________________________________

*Patient or Legal Guardian's Signature:___________________________________________ Date:_____________________
*(If submitting electronically: By printing your name on this line, it is considered your signature on this form)