Family History of Cancer Questionnaire

Patient	Information										
Name:				Birthdate:							
Street Address:			City:		State:		Zip Code:				
Phone number: () Email address:											
Ancestry (check all that apply)											
Ħ	•		Ħ	Africa	Ħ	Near	Ħ	Other:			
	Northern	Eastern				East/					
	Europe	Europe				Middle					
-	A.I.I	1.411.		A		East					
Ħ	Ashkenazi 🛛 🛱	Latin America/	4	Asia	Π	Native					
		Caribbean				American					
н н	 Personal History of ca No personal history of Breast Cancer, Age a Triple Negative(E Bilateral Present and personal cancer 	of cancer t diagnosis: R-, PR-, HER2-) remenopausal	c	Ductal Invasiv	/e	O Lobular Inv	vasive	e O DCIS			
	Endometrial/ Uterine Cancer, Age at diagnosis: Ovarian Cancer, Age at diagnosis:										
	Colon/ Rectal Cancer, Age at diagnosis:										
-	Type if known:										
н	Colon/ Rectal polyps, Age at diagnosis of first polyps:										
=	Bone Marrow Transplant recipient										
Ħ	Current Diagnosis of a Hematologic Cancer										
=	Other cancer(s): Age at diagnosis:										
=		Other cancer(s): Age at diagnosis:									
-						0					

Family History of Cancer (Please use one line per family member)

H No known family history

Relationship	Maternal	Paternal	Cancer Site(s)	Age at diagnosis