## **Family History of Cancer Questionnaire**

E	Birthdate:					
(	City:	State:	Zip Code:			
Email address:						
Ancestry (check all that apply)						
<b>H</b> Central/ <b>H</b> EasternEurope	Africa 🛱	Near East/ Middle East	# Other:			
<ul> <li>Latin</li> <li>America/</li> <li>Caribbean</li> </ul>	Asia 🛛 🛱	Native American				
	pply) Central/ # Eastern Europe Latin # America/	city: Email address: pply)  Central/ # Africa # Eastern Europe  Latin # Asia # America/	City: State: Email address: pply)  Central/ # Africa # Near Eastern Europe Middle East  Latin # Asia # Native America/ # American			

## Patient Personal History of cancer (Check all that apply)

- No personal history of cancer
- Breast Cancer, Age at diagnosis:
- Endometrial/ Uterine Cancer, Age at diagnosis: \_\_\_\_\_
- Ovarian Cancer, Age at diagnosis: \_\_\_\_\_
- Colon/ Rectal Cancer, Age at diagnosis:
   Type if known:
- Colon/ Rectal polyps, Age at diagnosis of first polyps:
- **H** Bone Marrow Transplant recipient
- **I** Current Diagnosis of a Hematologic Cancer
- # Other cancer(s): \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_
- Other cancer(s):\_\_\_\_\_ Age at diagnosis:\_\_\_\_\_

## 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
				010515