

## Personal & Family Cancer History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the section below. Include **yourself and all 1<sup>st</sup> and 2<sup>nd</sup> degree male and female blood relatives on both your mother's and father's sides**. Specify which relatives were affected with cancer and estimate ages of diagnosis to the best of your ability.

1<sup>st</sup> Degree Relatives: **Parents, Siblings, Children**

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

Circle		CANCER HISTORY	You	Siblings/ Children	List Relatives on Mother's Side	List Relatives on Father's Side	Age of Diagnosis
No	Yes	BREAST CANCER at age <b>49 or younger</b>					
No	Yes	3 or more BREAST CANCERS on one side of family, <b>any age</b>					
No	Yes	OVARIAN or PANCREATIC CANCER at <b>any age</b>					
No	Yes	ENDOMETRIAL CANCER at age <b>49 or younger</b>					
No	Yes	COLON CANCER at age <b>49 or younger</b>					
No	Yes	3 or more COLON or ENDOMETRIAL on one side of family, <b>any age</b>					

Patient Signature \_\_\_\_\_

**Office Use Only** - If there is one correct Yes, patient is a candidate for testing

Appropriate for testing? Yes/No

Accepted Testing? Yes/No

Provider Initials \_\_\_\_\_