TEXAS ONCOLOGY

Genetic Risk Evaluation and Testing Program

Personal and Family History Questionnaire

Instructions: Complete this form to the best of your ability **PRIOR** to your appointment. 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, try to discuss this with a relative prior to the appointment. In addition, if you or any of your relatives have had genetic testing, please bring a copy of the test results to your appointment.

Name: _____ Date: _____

Date of Birth: _____ Email: _____

Gender: _____ Sex Assigned at Birth: ☐ Male ☐ Female

Cell Phone Number: _____ Alternate Phone Number: _____

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?

Mother's family:	☐ Yes	☐ No	☐ Unsure
Father's family:	☐ Yes	☐ No	☐ Unsure

Do you have Hispanic ancestry in your family? (Please circle)

Mother's family:	☐ Yes	☐ No	☐ Unsure
Father's family:	☐ Yes	☐ No	☐ Unsure

List any genetic testing you or your family members have had. **Please bring a copy of the genetic report(s) to your visit.**

_____

_____

Your appointment has been scheduled for:

Date: _____ Time: _____ Office: _____

BRING THIS COMPLETED PACKET TO YOUR APPOINTMENT

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Your Personal Health History

1. Your Weight: _____ (pounds) Your Height: _____

2. Have you ever had cancer? ☐ YES ☐ NO If YES, please continue below. If NO, skip to next question.

   What type of cancer? _____ Age at Diagnosis _____

   Have you had any other cancers? ☐ YES ☐ NO

   Describe: _____

3. List any other genetic conditions, benign or precancerous growths you have had:

   _____

4. Have you been diagnosed with colon polyps? ☐ YES ☐ NO

   Age at first colon polyp: _____ Total number of polyps: _____

   Type of polyp (if known, ex: adenoma): _____

FOR WOMEN ONLY

5. What age did you start your periods? _____ What age did your periods stop? _____

6. Number of pregnancies: _____ Number of births: _____ Age at first birth: _____

7. Have you ever taken hormone replacement therapy (HRT)? ☐ YES ☐ NO

   If YES: Type_____ (estrogen only or estrogen and progesterone)

   Year you began HRT: _____ Year you stopped HRT: _____

8. Have you ever had a breast biopsy? ☐ YES ☐ NO Number of biopsies: _____

   Did your biopsy show any of the following? Check here if Unknown: _____

Atypical Hyperplasia	☐ YES ☐ NO Age? _____
Lobular Carcinoma in Situ (LCIS)	☐ YES ☐ NO Age? _____
Ductal Carcinoma in Situ (DCIS)	☐ YES ☐ NO Age? _____
Invasive Cancer	☐ YES ☐ NO Age? _____

9. Have you had your uterus removed? ☐ YES ☐ NO How old were you? _____

10. Have you had your ovaries removed? ☐ YES ☐ NO How old were you? _____

    Which ovary was removed? ☐ Both ☐ Right Ovary ☐ Left Ovary

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Your Family Health History

LIST ALL FAMILY MEMBERS EVEN THOSE WITHOUT CANCER

Add any additional family members on a separate page, if needed. If known, note any female relatives who have had their uterus and/or ovaries removed. Please include a copy of any genetic test results.

Your Children

Name	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				

Your Grandchildren

Name	Parent (Ex: son John)	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				

Your Brothers and Sisters

Name	Full or Half Sibling?	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				

Your Nieces and Nephews

Name	Parent (Ex: Sister Mary)	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				

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Your Mother and Your Mother's Parents

Relative	Name	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
Mother					
Your Mother's Mother					
Your Mother's Father					

Your Mother's Brothers and Sisters

Name	Full or Half Sibling?	Sex assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				

Children of your Mother's Brothers and Sisters

Name	Parent (Ex: Uncle Joe)	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				

Your Father and Your Father's Parents

Relative	Name	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
Father					
Your Father's Mother					
Your Father's Father					

Your Father's Brothers and Sisters

Name	Full or Half Sibling?	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				
	☐ Full Sibling ☐ Same Mother ☐ Same Father	☐ Male ☐ Female				

Children of your Father's Brothers and Sisters

Name	Parent (Ex: Uncle Joe)	Sex Assigned at Birth	Current Age	Age at Death	Type of Cancer	Age at Diagnosis
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				
		☐ Male ☐ Female				

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Authorization to Disclose My Genetic Consultation and Genetic Test Results

Patient Name: _____Date of Birth: _____

I authorize Texas Oncology to disclose genetic consultation notes and genetic test results to the following physicians, family members, or persons:

1. _____
2. _____
3. _____
4. _____
5. _____

This authorization is valid until permission is withdrawn or the following specific date:

Month: _____ Day: _____ Year: _____

_____ _____
Patient or Legally Authorized Individual Signature Date

_____ _____
Printed Name if signed on behalf of the patient Relationship to patient