

Genetic Counseling Patient & Family History Questionnaire

Name: _____ DOB: _____

Appointment Date and Time: _____

Please provide the following family history information in the tables below. Please include **all blood relatives** regardless of whether they have been diagnosed with cancer. ***If you do not know exact ages, please estimate within 5-10 years for each age requested on this form.*** It may be helpful to speak with other relatives when completing this form in order to make sure that the information is accurate.

Please call 410-553-8146 and provide an email to complete the family history questionnaire online.

Please complete and return at least ONE WEEK BEFORE your appointment. This information will allow for preparation and review of your family history. Please return the questionnaire by whichever method is most convenient for you:

- Fax to:** 410-553-8180 (you may call the DHC at 410-553-8146 to confirm faxed received) **or**
- Email to:** rgore@som.umaryland.edu
- Bring to:** 305 Hospital Drive, Glen Burnie, MD **Suite 304** of Tate Cancer Center at BWMC

****If you or a family member has undergone genetic testing, please send a copy of the results.**

Please note: It is important that you complete all **six (6) pages of this questionnaire.** The final page is specific to you only.

Here is an **example** of how to complete this form:

EXAMPLE	<i>Current Age OR Age at Death</i>	<i>Living OR Deceased?</i>	<i>History of cancer? Yes or No</i>	<i>Location of Cancer (example: Breast, Colon)</i>	<i>Age at Cancer Diagnosis</i>	<i>Had genetic testing? (If yes, please indicate test/gene and result)</i>
<i>You</i>	<i>50</i>	<i>Living</i>	<i>Yes</i>	<i>Breast</i>	<i>45</i>	<i>No / Yes Test: BRCA1, +</i>

Please begin questionnaire here:

YOU & YOUR PARENTS						
	Current Age OR Age at Death	Living OR Deceased?	History of cancer? Yes or No	Location of Cancer (example: Breast, Colon, etc.)	Age at Cancer Diagnosis	Had genetic testing? (If yes, please indicate test/gene and result)
You		Living				No / Yes Test:
Your mother						No / Yes Test:
Your father						No / Yes Test:

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YOUR SIBLINGS (your brothers and sisters)

Circle One: <i>(please indicate if any are half-siblings and through which parent)</i>	Current Age OR Age at Death	Living OR Deceased	History of cancer <i>Yes or No</i>	Location of Cancer <i>(example: Breast, Colon, etc.)</i>	Age at Cancer Diagnosis	Had genetic testing? <i>(If yes, please indicate test/gene and result)</i>
Sister or Brother						No / Yes Test:
Sister or Brother						No / Yes Test:
Sister or Brother						No / Yes Test:
Sister or Brother						No / Yes Test:
Sister or Brother						No / Yes Test:
Sister or Brother						No / Yes Test:

YOUR CHILDREN

Circle One: <i>(please indicate if any are half-siblings)</i>	Current Age OR Age at Death	Living OR Deceased	History of cancer <i>Yes or No</i>	Location of Cancer <i>(example: Breast, Colon, etc.)</i>	Age at Cancer Diagnosis	Had genetic testing? <i>(If yes, please indicate test/gene and result)</i>
Daughter or Son						No / Yes Test:
Daughter or Son						No / Yes Test:
Daughter or Son						No / Yes Test:
Daughter or Son						No / Yes Test:
Daughter or Son						No / Yes Test:
Daughter or Son						No / Yes Test:

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YOUR MATERNAL RELATIVES (your mother's family)						
Circle One: <i>(please indicate if any are half-siblings to your mom and through which of her parents)</i>	Current Age OR Age at Death	Living OR Deceased	History of cancer <i>Yes or No</i>	Location of Cancer <i>(example: Breast, Colon, etc.)</i>	Age at Cancer Diagnosis	Had genetic testing? <i>(If yes, please indicate test/gene and result)</i>
Your mother's father (your grandfather)						No / Yes Test:
Your mother's mother (your grandmother)						No / Yes Test:
1. Aunt or Uncle						No / Yes Test:
2. Aunt or Uncle						No / Yes Test:
3. Aunt or Uncle						No / Yes Test:
4. Aunt or Uncle						No / Yes Test:
5. Aunt or Uncle						No / Yes Test:
6. Aunt or Uncle						No / Yes Test:

Other maternal relatives with cancer diagnoses: Please indicate relationship. For example, "Great Aunt, through maternal grandmother" or "Cousin, daughter of Aunt #4"

Relative	Current Age or Age at death	Living or Deceased	History of cancer <i>Yes or No</i>	Location of Cancer	Age at Cancer Diagnosis
Relation: Please indicate exactly who they are related to: (you may draw arrow to relative in above chart) & genetic testing if done:					
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YOUR PATERNAL RELATIVES (your father's family)						
Circle One: <i>(please indicate if any are half-siblings to your dad and through which of his parents)</i>	Current Age OR Age at Death	Living OR Deceased	History of cancer <i>Yes or No</i>	Location of Cancer <i>(example: Breast, Colon, etc.)</i>	Age at Cancer Diagnosis	Had genetic testing? <i>(If yes, please indicate test/gene and result)</i>
Your father's father (your grandfather)						No / Yes Test:
Your father's mother (your grandmother)						No / Yes Test:
1. Aunt or Uncle						No / Yes Test:
2.. Aunt or Uncle						No / Yes Test:
3. Aunt or Uncle						No / Yes Test:
4. Aunt or Uncle						No / Yes Test:
5. Aunt or Uncle						No / Yes Test:
6. Aunt or Uncle						No / Yes Test:

Other paternal relatives with cancer diagnoses: Please indicate relationship. For example, "Great Aunt, through paternal grandmother" or "Cousin, daughter of Aunt #4"

Relative	Current Age or Age at death	Living or Deceased	History of cancer <i>Yes or No</i>	Location of Cancer (breast, colon, etc.)	Age at Cancer Diagnosis
Relation: Please indicate exactly who they are related to: (you may draw arrow to relative in above chart) & genetic testing if done:					
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**Please list the country from which your family's ancestors came from before America.
(For example, are you Irish, Italian, English, African American, etc.)**

Your Mother's mother (your maternal grandmother)	
Your Mother's father (your maternal grandfather)	
Your Father's mother (your paternal grandmother)	
Your Father's father (your paternal grandfather)	

Please list any additional history you would like to discuss at your appointment:

Please note: If you or a family member has undergone genetic testing, please send/bring a copy of the results. Results may significantly alter our discussion and possible testing strategies.

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Patient Name: _____
Date of Birth: _____
Height: _____
Weight: _____

Ashkenazi Jewish:

- Yes
 No
 Don't know
 Prefer not to answer

Hispanic:

- Yes
 No
 Don't know
 Prefer not to answer

Smoking:

- No, never
 Yes, in the past*
 Yes, currently*
 *If Yes: How many cigarettes/packs smoked per day on average: _____
 How many total years: _____

Alcohol (drinks per week):

- None
 Less than 1
 1-4
 5-9
 10-19
 More than 19

Breast Biopsies:

- # of biopsies: _____
 Abnormal cells?
 Yes
 No
 Unsure

Chest Wall Radiation Treatment: No / Yes (If yes, at age: _____)

The remaining questions are for female patients:

Childbirth History:

Total # of pregnancies: _____
 Total # of children: _____
 Your age at 1st birth: _____
 Did you breastfeed: Yes / No

Birth Control Use History:

- Not sure
 No, never
 Yes, in the past*
 Yes, currently*
 *If yes: Age started: _____
 *Total # of years taken: _____; # of continuous years: _____

Menstrual History:

Age of 1st period: _____
 Are you still having periods: Yes / No
 Age of last menstrual period: _____
 Did you have a hysterectomy (surgical removal of uterus): Yes / No / Unsure
 If yes, at what age: _____ For what reason: _____
 Did you have an oophorectomy (surgical removal of the ovaries): Yes / No / Unsure
 If yes, was one or both ovaries removed: One / Both
 If yes, at what age: _____ For what reason: _____
 Did you have a salpingectomy (surgical removal of the fallopian tubes): Yes / No / Unsure
 If yes, at what age: _____ For what reason: _____

Menopausal Status:

- PRE-menopausal
 PERI-menopausal
 POST-menopausal
 Unknown

Hormone Replacement Therapy:

- Estrogen Only:**
 Not sure
 No, never
 Yes, in the past
 Yes, currently
- Combined Estrogen+Progesterone:**
 Yes No
 # of years taken: _____
 # of years since taken: _____
 Intended duration: _____

Chemoprevention:

	<i>Tamoxifen</i>	<i>Raloxifene</i>	<i>Aromasin</i>	<i>Arimidex</i>	<i>Other (please indicate:)</i>
Not sure					
No, never					
Yes, in the past					
Yes, currently					