GENETIC COUNSELING
PERSONAL & FAMILY HISTORY QUESTIONNAIRE

Patient Name: **Date of Birth:** **MRN:**

INSTRUCTIONS: Please complete this form to the best of your ability PRIOR to your appointment. Please 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, please try to discuss this with a relative prior to the appointment. In addition, if any of your relatives have had genetic testing please bring a copy of their test results to your appointment.

Race:

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?
(please circle selections)

Mother's family:	Y	N	Unsure
Father's family:	Y	N	Unsure

YOUR FAMILY HEALTH HISTORY ☐ Adopted ☐ Unknown

PLEASE LIST ALL FAMILY MEMBERS EVEN THOSE WITHOUT CANCER

Add any additional family members on a separate page if needed.

Please include a copy of genetic test results if possible. If you have death certificates or pathology reports on family members with cancer or pre-cancer, please include with packet.

YOUR CHILDREN - Please list all, even those without cancer

Name	Sex	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

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YOUR GRANDCHILDREN - Please list all, even those without cancer

Name	Parent (ex: son John)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					

YOUR BROTHERS & SISTERS - Please list all, even those without cancer

Name	Full or Half Sibling?	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					
	☐ Full Sibling ☐ Same Mother ☐ Same Father	M / F					

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YOUR NIECES & NEPHEWS - Please list all, even those without cancer

Name	Parent (ex: Sister Mary)	Sex	Current Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					

YOUR MOTHER & MATERNAL GRANDPARENTS - Please list all, even those without cancer

Relative	Name	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
Mother						
Your Mother's Mother						
Your Mother's Father						

AUNTS & UNCLES ON YOUR MOTHER'S SIDE OF THE FAMILY- Please list all, even those without cancer

Name	Sex	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

COUSINS ON YOUR MOTHER'S SIDE OF THE FAMILY- Please list all, even those without cancer

Name	Sex	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

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YOUR FATHER & PATERNAL GRANDPARENTS - Please list all, even those without cancer

Relative	Name	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
Father						
Your Father's Mother						
Your Father's Father						

AUNTS & UNCLES ON YOUR FATHER'S SIDE OF THE FAMILY- Please list all, even those without cancer

Name	Sex	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

COUSINS ON YOUR FATHER'S SIDE OF THE FAMILY- Please list all, even those without cancer

Name	Sex	Current Age	Age at death	Type of Cancer	Age at Diagnosis	Benign or precancerous growth
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

AUTHORIZATION TO DISCLOSE MY GENETIC CONSULTATION AND GENETIC TEST RESULTS

Patient Name: **Date of Birth:** **MRN:**

I Authorize Epic Care to disclose genetic consultation notes and genetic test results to the following physicians, family members or persons:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

This Authorization ends one year following the date at which it is signed unless otherwise noted here:

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Patient Signature or Legally Authorized Individual's Signature **Date**

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Print Name **If Signed on Behalf of Patient Relationship to Patient**