

ENGLEWOOD HOSPITAL

PERSONAL AND FAMILY HISTORY OF CANCER

NAME: _____

DATE OF BIRTH: _____

REFERRING DOCTOR: _____

PERSONAL HISTORY OF CANCER

1. HAVE YOU EVER HAD CANCER? YES NO
2. IF YES, WHAT TYPE OF CANCER? _____
3. AGE OF DIAGNOSIS: _____
4. WHAT TREATMENT DID YOU HAVE? _____
5. ARE YOU STILL BEING TREATED FOR CANCER? YES NO
6. IF YES, ARE YOU RECEIVING YOUR CANCER TREATMENT AT ENGLEWOOD HEALTH? YES NO

CANCER GENETIC RISKS

7. HAVE YOU EVER HAD CANCER GENETIC TESTING? YES NO
8. IF YES, WHEN? _____

PLEASE INCLUDE A COPY OF ANY GENETIC TESTING RESULTS.

9. DO YOU HAVE A CANCER GENE MUTATION? YES (TYPE: _____) NO NOT SURE
10. IS THERE A CANCER MUTATION IN YOUR FAMILY? YES (TYPE: _____) NO NOT SURE
11. IF YES, WHO WAS DIAGNOSED WITH THE MUTATION (I.E., THEIR RELATIONSHIP TO YOU)? _____

PLEASE INCLUDE A COPY OF ANY GENETIC TESTING RESULTS.



PLEASE FILL IN THE FOLLOWING FAMILY HISTORY FORM AS COMPLETELY AS YOU CAN.

PLEASE READ ALL DIRECTIONS. PLEASE COME PREPARED. ASK YOUR FAMILY FOR INFORMATION BEFORE YOUR CONSULTATION.

YOUR CHILDREN	Sex assigned at birth (male or female)	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis

PARENTS	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis
GENETIC MOTHER				
GENETIC FATHER				

SIBLINGS	Sex assigned at birth (male or female)	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis

NIECES AND NEPHEWS (ONLY IF THEY HAVE HAD CANCER)	Sex assigned at birth (male or female)	Parent's name (your sibling)	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis

GENETIC MOTHER'S SIDE	Age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis
Mother's Mother:				
Mother's Father:				

MOTHER'S SIDE: AUNTS, UNCLES, AND COUSINS (ONLY IF THEY HAD CANCER OR A MUTATION)	Sex assigned at birth (male or female)	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis

GENETIC FATHER'S SIDE	Age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis
Father's Mother:				
Father's Father:				

FATHER'S SIDE: AUNTS, UNCLES, AND COUSINS (ONLY IF THEY HAD CANCER OR A MUTATION)	Sex assigned at birth (male or female)	Current age	Age at death	Ever had cancer? Type?	Age at cancer diagnosis