

Please complete this questionnaire to the best of your ability. While this can take some time, a review of your family history will allow us to provide you with hereditary cancer risk assessment, and to determine whether genetic testing would aid in the understanding of cancer for you and your family members. It is important that this form be returned before your appointment, as this information is needed for the genetic counselor to prepare for your visit.

The goal of genetic counseling is to help you learn more about the hereditary causes of cancer and how they affect you. During the appointment, the cancer in your family will be discussed and whether genetic testing may or may not be of benefit to you and your family members. If you receive genetic counseling, you are not obligated to pursue genetic testing. However, many insurance payers may require genetic counseling prior to genetic testing. On the day of your appointment, bring a photo ID and your insurance card with you. If your appointment is in less than one week, please bring this paperwork with you to your appointment.

PLEASE MAIL THE COMPLETED FORM TO:

Genetic Counseling Program

Shaw Cancer Center

P.O. Box 2559, Edwards, CO 81632

or fax/e-mail to: 970-470-6675 / ShawPatientReferrals@VailHealth.org – ATTN: Genetics Counseling

PLEASE NOTE: If you or one of your close relatives has already had genetic counseling for cancer risk assessment and/or genetic testing, please send us the following: a copy of the pedigree and/or detailed family history, consultation summary, and genetic test results on you or your relative(s).

INSTRUCTIONS FOR COMPLETING THE FAMILY MEDICAL HISTORY CHARTS:

- Please fill in all the questions asked and columns as completely as possible.
- Please record **ALL** relatives, **even if they do/did not have cancer or the medical condition of concern.**
- Please give as much information as possible about current ages, ages at death and ages of cancer diagnosis. **Approximate ages are better than no ages at all. Do not leave off ages.**
- If you have no relatives in any of the categories listed, please put an 'X' in the space for 'NONE'.
- Write **UNK** (unknown) if you do not know, or **NA** (not applicable) if the information requested does not apply.
- If individuals have had colon polyps, please write the number of polyps they had and the age at which they were found.
- If females have had their uterus or ovaries removed, please write what age the surgery took place.

PERSONAL INFORMATION

| | | | |
|------------------|-------------------|-------|--------|
| Legal Name: | Date of Birth: | Male | Female |
| Address: | | | |
| Telephone: Home: | Work: | Cell: | |
| Email(s): | Referring Doctor: | | |

What specific questions do you have for the genetic counselor?

TO HELP WITH RISK ASSESSMENT:

Ancestry/race/ethnicity (please mark all that apply):

| | | |
|----------------------|--------------------------------|------------------------|
| White/Caucasian | Latina/Latino/Hispanic | African American/Black |
| Asian/Asian American | Native American/Alaskan Native | Multiracial |
| Other (specify): | | |

If known, please list the specific countries where your distant ancestors originated:

| | |
|----------------|----------------|
| Father's Side: | Mother's Side: |
|----------------|----------------|

Because some health conditions occur more frequently in certain Jewish populations, please answer these questions:

| | | | |
|---|-----|----|--------|
| Is your father or are his ancestors Ashkenazi Jewish? | Yes | No | Unsure |
| Is your mother or are her ancestors Ashkenazi Jewish? | Yes | No | Unsure |

FOR ALL PATIENTS:

| | |
|--|-----------------------------------|
| Working? Yes No Retired | Occupation (now and/or previous): |
| Exposures to work or environmental chemicals? Yes No | Describe: |
| Tobacco Use (current or previous): Yes No | Describe: |
| Alcohol Use (current or previous): Yes No | Describe: |
| Non-prescription drugs (recreational): Yes No | Describe: |
| Height: | Weight: |

IMMEDIATE FAMILY:

| Family Member/ Relationship | Full Name | Living? | Current age or age at death | Gender | Types of cancer(s)/ Tumor(s)/Polyps | Age cancer(s)/ polyps found | Other hereditary or medical conditions | |
|--|-------------|---------|-----------------------------|--------|-------------------------------------|-----------------------------|--|--|
| You | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| Your Spouse/ Partner | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| Children <i>(if your children have different parents, please write the parent's name in brackets)</i> None | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | Your Father | | Yes | | Male | | | |
| | | | No | | Female | | | |
| Your Mother | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| Brothers & Sisters <i>(if you have half siblings, please indicate the shared parent in brackets)</i> None | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |
| | | Yes | | Male | | | | |
| | | No | | Female | | | | |

IMMEDIATE FAMILY (CONTINUED):

| Family Member/ Relationship | Full Name | Living? | Current age or age at death | Gender | Types of cancer(s)/ Tumor(s)/Polyps | Age cancer(s)/ polyps found | Other hereditary or medical conditions |
|--|-----------|-----------|-----------------------------|----------------|-------------------------------------|-----------------------------|--|
| Neices & Nephews <i>(please write the name of your brother or sister, who is the parent, in brackets)</i> None | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| Grand-children <i>(please write the name of your child, who is the parent, in brackets)</i> None | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |

FATHER'S SIDE OF FAMILY:

| Family Member/ Relationship | Full Name | Living? | Current age or age at death | Gender | Types of cancer(s)/ Tumor(s)/Polyps | Age cancer(s)/ polyps found | Other hereditary or medical conditions |
|--|-----------|---------|-----------------------------|--------|-------------------------------------|-----------------------------|--|
| Your Grandfather | | Yes | | Male | | | |
| | | No | | Female | | | |
| Your Grandmother | | Yes | | Male | | | |
| | | No | | Female | | | |
| Aunts & Uncles <i>(if your aunts and uncles have different parents, please write the parent that is shared in brackets)</i> None | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | No | | Female | | | | |
| Cousins <i>(please write the name of your aunt or uncle, who is the parent, in brackets)</i> None | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |

MOTHER'S SIDE OF FAMILY:

| Family Member/ Relationship | Full Name | Living? | Current age or age at death | Gender | Types of cancer(s)/ Tumor(s)/Polyps | Age cancer(s)/ polyps found | Other hereditary or medical conditions |
|--|-----------|---------|-----------------------------|--------|-------------------------------------|-----------------------------|--|
| Your Grandfather | | Yes | | Male | | | |
| | | No | | Female | | | |
| Your Grandmother | | Yes | | Male | | | |
| | | No | | Female | | | |
| Aunts & Uncles <i>(if your aunts and uncles have different parents, please write the parent that is shared in brackets)</i> None | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| Cousins <i>(please write the name of your aunt or uncle, who is the parent, in brackets)</i> None | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |
| | | Yes | | Male | | | |
| | | No | | Female | | | |

ADDITIONAL FAMILY MEMBERS:

Please use this space to provide information on additional family members that you did not have space for on the previous pages. Make as many copies of this page as you need. **NOTE: Please make sure to provide how each person is related to you and if they are on your mother’s or father’s side of the family.**

| Family Member/ Relationship | Full Name | Living? | Current age or age at death | Gender | Types of cancer(s)/ Tumor(s)/Polyps | Age cancer(s)/ polyps found | Other hereditary or medical conditions |
|-----------------------------|-----------|-----------|-----------------------------|----------------|-------------------------------------|-----------------------------|--|
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |
| | | Yes No | | Male Female | | | |