

# Stanford Cancer Genetics Clinic

## Personal and Family History Questionnaire

It is very important for you to complete this form to the best of your ability and return it to us well in advance of your scheduled appointment. This allows us appropriate time to prepare, so that the consultation is as beneficial as possible. You may also receive a brief phone call from our clinic to clarify or gather additional information.

Please consult with other family members, if necessary, to increase the accuracy of this information.

### INFORMATION ABOUT YOU

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last (Maiden)

**Insurance Type** (e.g. BC/BS, Cigna, Medicare, Medical): \_\_\_\_\_ **Plan Type:**  HMO  PPO  EPO

**Marital Status:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Referring Provider:** \_\_\_\_\_

**Ethnicity:**  African American/Black  Asian  Caucasian/White  Hispanic  Jewish (Ashkenazi)  Other \_\_\_\_\_

Paternal Countries of Origin (i.e. Irish, German, Italian, African, etc.): \_\_\_\_\_

Maternal Countries of Origin (i.e. Irish, German, Italian, African, etc.): \_\_\_\_\_

#### Females Only:

Age at menarche (first period): \_\_\_\_\_ Number of years on birth control pills: \_\_\_\_\_

How many times have you been pregnant: \_\_\_\_\_ Age at birth of first child: \_\_\_\_\_

Number of years breast feeding: \_\_\_\_\_ Number of years on hormone replacement therapy: \_\_\_\_\_

Age at menopause: \_\_\_\_\_ Do you do monthly self-breast exams?  Y  N  Sometimes

Age at first mammogram: \_\_\_\_\_ Do you get annual mammograms?  Y  N  Sometimes

How many breast biopsies have you had? \_\_\_\_\_

How many were normal? Number: \_\_\_\_\_  Don't know

How many were "atypical ductal hyperplasia (ADH)"? Number: \_\_\_\_\_  Don't know

How many were "lobular carcinoma in situ (LCIS)" or "lobular neoplasia"? Number: \_\_\_\_\_  Don't know

Have you had a mastectomy (surgical removal of one or both breasts)?  No  One  Both

Have you had a hysterectomy (surgical removal of uterus)?  Yes  No

Have you had an oophorectomy (surgical removal of the ovaries)?  No  One  Both

Have you ever taken Tamoxifen (to treat or prevent breast cancer)?  Yes  No

#### Female & Males:

Smoking history?:  Never  Previous Smoker: # years? \_\_\_\_\_ Quit in what year? \_\_\_\_\_

Current Smoker: how much do you smoke per day? \_\_\_\_\_

Average number of alcoholic drinks per week?: \_\_\_\_\_

How many colonoscopies have you had?: \_\_\_\_\_ In what year(s)? \_\_\_\_\_

Cumulative number of polyps identified on colonoscopy?: \_\_\_\_\_

Pathology of polyps if known (e.g. adenomas, hyperplastic, hamartomatous)? \_\_\_\_\_

#### Your Cancer History:

Type(s) of Cancer: \_\_\_\_\_

Age(s) at Diagnosis: \_\_\_\_\_

Other History (i.e. uterine fibroids, benign breast biopsies, other benign tumors, thyroid disease, etc.): \_\_\_\_\_

## FAMILY HISTORY

| YOUR PARENTS |                                   |                                               |                  |                                                                                                      |
|--------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
|              | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
| Mother       | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Father       | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

| YOUR CHILDREN (WITH OR WITHOUT CANCER) |                                                       |                                   |                                               |                  |                                                                                                      |
|----------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
|                                        | Gender                                                | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
| Child 1                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 2                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 3                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 4                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 5                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 6                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 7                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Child 8                                | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

| YOUR BROTHERS AND SISTERS (WITH OR WITHOUT CANCER)            |                                                       |                                   |                                               |                  |                                                                                                      |
|---------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| If half-sibling, please denote maternal-half or paternal-half | Gender                                                | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
| Sibling 1                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 2                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 3                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 4                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 5                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 6                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 7                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Sibling 8                                                     | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

**YOUR NIECES AND NEPHEWS (WITH OR WITHOUT CANCER)**

|                  | Gender                                                | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
|------------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| Niece / Nephew 1 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 2 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 3 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 4 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 5 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 6 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 7 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Niece / Nephew 8 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

**YOUR GRANDPARENTS**

|                      | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
|----------------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| Maternal Grandmother | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Maternal Grandfather | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Paternal Grandmother | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Paternal Grandfather | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

**YOUR MOTHER'S BROTHERS AND SISTERS (WITH OR WITHOUT CANCER)**

|                | Gender                                                | Current Age or Age at Death       | Type(s) of Cancer (i.e. where cancer started) | Age at Diagnosis | Other History (number of colon polyps, uterine fibroids, other benign tumors, thyroid disease, etc.) |
|----------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------|------------------------------------------------------------------------------------------------------|
| Aunt / Uncle 1 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 2 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 3 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 4 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 5 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 6 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 7 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |
| Aunt / Uncle 8 | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                               |                  |                                                                                                      |

| YOUR FATHER'S BROTHERS AND SISTERS (WITH OR WITHOUT CANCER) |                                                       |                                   |                                                     |                     |                                                                                                            |
|-------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|
| Name<br>(First, Last (Maiden))                              | Gender                                                | Current Age<br>or Age at<br>Death | Type(s) of Cancer<br>(i.e. where cancer<br>started) | Age at<br>Diagnosis | Other History (number of colon<br>polyps, uterine fibroids, other benign<br>tumors, thyroid disease, etc.) |
| Aunt / Uncle 1                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 2                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 3                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 4                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 5                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 6                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 7                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| Aunt / Uncle 8                                              | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |

| ANY OTHER BLOOD RELATIVES                                                                                      |                                                       |                                   |                                                     |                     |                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|
| List anyone else with cancer such as your 1 <sup>st</sup> & 2 <sup>nd</sup> cousins and grandparents' siblings |                                                       |                                   |                                                     |                     |                                                                                                            |
| Denote Relationship<br>(i.e. first cousin, etc.)<br>and circle M for<br>maternal or P for<br>paternal          | Gender                                                | Current Age<br>or Age at<br>Death | Type(s) of Cancer<br>(i.e. where cancer<br>started) | Age at<br>Diagnosis | Other History (number of colon<br>polyps, uterine fibroids, other benign<br>tumors, thyroid disease, etc.) |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |
| M / P                                                                                                          | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> deceased |                                                     |                     |                                                                                                            |

**RETURN ADDRESS:**

Stanford Cancer Genetics Clinic  
 900 Blake Wilbur Dr. – Floor 3  
 Stanford, CA 94305

Or Fax the completed form to 650-498-5150