

Genetics Questionnaire

Name: _____

Date of Birth: _____

Personal History

1. Please list your current cancer diagnosis: _____
2. How old were you when you were first diagnosed? _____
3. Have you ever been diagnosed with any other cancers? (circle one) Yes / No
4. If yes, please list the types of cancers and your age at the time of the diagnosis:

Family History

1. How many children do you have? _____ sons _____ daughters
2. How many siblings do you have? _____ brothers _____ sisters
3. Mother's side: How many uncles/aunts? _____ uncles _____ aunts
4. Father's side: How many uncles/aunts? _____ uncles _____ aunts
5. Do you have Ashkenazi Jewish ancestry? (circle one) Yes / No
6. Does anyone in your family have cancer? (circle one) Yes / No
7. If yes, please list all individuals below:

Relationship to You (e.g. brother, aunt)	If applicable, is this person on your mother or father's side of the family?	Approximate Current Age or Age at Death	Type of Cancer	Approximate Age of Cancer Diagnosis
<i>ex. Uncle</i>	<i>Mother's side</i>	<i>died 60s</i>	<i>Colon cancer</i>	<i>50s</i>