Clinical Genetics Service
Family History Information Form

Thank you for taking the time to complete this form and your interest in the Clinical Genetics Service. After we receive the form, we will review it and contact you about scheduling an appointment.

Please enter a phone number where you can be reached during the daytime:

( ) _____

Please note: The entire eight-page form must be completed and returned in order for us to schedule your appointment.

I. Your medical history

1. What is your name? **(Please print)** _____

2. What is your date of birth? _____

3. **Including your current diagnosis**, have you have ever had cancer?

   Yes____ No____

4. If yes, please list type(s) of cancer and age(s) of diagnosis

   Type of cancer _____ Age at diagnosis _____

   Type of cancer _____ Age at diagnosis _____

   Type of cancer _____ Age at diagnosis _____

5. Which doctor referred you for a Clinical Genetics appointment? _____

II. Your close relatives

Please fill in the tables below about your family history. **We are interested in information on ALL of your relatives, BOTH individuals who had cancer AND relatives who did not, so please list them all.** For relatives with cancer, it is very important that you include age of diagnosis (please approximate if uncertain of exact age).

Relationship	Initials	Is this person alive?	Age (if alive) or Age at death (if deceased)	Cancer diagnosis **and age at diagnosis**
EXAMPLE	**JBR**	☑ Yes ☐ No	**55 years**	**Colon cancer at age 43**
Mother		☐ Yes ☐ No		
Father		☐ Yes ☐ No		
Sister 1		☐ Yes ☐ No		
Sister 2		☐ Yes ☐ No		
Sister 3		☐ Yes ☐ No		
Sister 4		☐ Yes ☐ No		
Brother 1		☐ Yes ☐ No		
Brother 2		☐ Yes ☐ No		
Brother 3		☐ Yes ☐ No		
Brother 4		☐ Yes ☐ No		

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Please tell us about your children.

Relationship	Initials	Is this person alive?	Age (if alive) or Age at death (if deceased)	Cancer diagnosis **and age at diagnosis**
Son 1		☐ Yes ☐ No		
Son 2		☐ Yes ☐ No		
Son 3		☐ Yes ☐ No		
Son 4		☐ Yes ☐ No		
Son 5		☐ Yes ☐ No		
Daughter 1		☐ Yes ☐ No		
Daughter 2		☐ Yes ☐ No		
Daughter 3		☐ Yes ☐ No		
Daughter 4		☐ Yes ☐ No		
Daughter 5		☐ Yes ☐ No		

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Please tell us about your MOTHER's family. We are asking about your mother's parents, and your aunts and uncles on your MOTHER'S side of the family.

Relationship	Initials	Is this person alive?	Age (if alive) or Age at death (if deceased)	Cancer diagnosis **and age at diagnosis**
Mother's mother		☐ Yes ☐ No		
Mother's father		☐ Yes ☐ No		
Mother's Sister 1		☐ Yes ☐ No		
Mother's Sister 2		☐ Yes ☐ No		
Mother's Sister 3		☐ Yes ☐ No		
Mother's Sister 4		☐ Yes ☐ No		
Mother's Brother 1		☐ Yes ☐ No		
Mother's Brother 2		☐ Yes ☐ No		
Mother's Brother 3		☐ Yes ☐ No		
Mother's Brother 4		☐ Yes ☐ No		

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Please tell us about your FATHER's family. We are asking about your father's parents, and your aunts and uncles on your FATHER'S side of the family.

Relationship	Initials	Is this person alive?	Age (if alive) or Age at death (if deceased)	Cancer diagnosis **and age at diagnosis**
Father's mother		☐ Yes ☐ No		
Father's father		☐ Yes ☐ No		
Father's Sister 1		☐ Yes ☐ No		
Father's Sister 2		☐ Yes ☐ No		
Father's Sister 3		☐ Yes ☐ No		
Father's Sister 4		☐ Yes ☐ No		
Father's Brother 1		☐ Yes ☐ No		
Father's Brother 2		☐ Yes ☐ No		
Father's Brother 3		☐ Yes ☐ No		
Father's Brother 4		☐ Yes ☐ No		

Genetic predispositions are more common in families of certain nationalities or ethnic backgrounds.

Please indicate which countries your relatives were from before they came to the United States (if applicable).

	Country	Don't Know
You		☐
Your mother		☐
Your father		☐
Your mother's mother		☐
Your mother's father		☐
Your father's mother		☐
Your father's father		☐

What is your ethnic or racial background? ***(Mark all that apply.)***

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Black or African American
- ☐ White

Are you Hispanic or Latino/Latina? ☐ Yes ☐ No

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Please indicate the religion into which you, your parents and your grandparents <u>were born</u>:

	You	*Your mother*	*Your mother's mother*	*Your mother's father*	*Your father*	*Your father's mother*	*Your father's father*
Buddhist	○	○	○	○	○	○	○
Catholic	○	○	○	○	○	○	○
Eastern Orthodox	○	○	○	○	○	○	○
Hindu	○	○	○	○	○	○	○
Jewish, Ashkenazi	○	○	○	○	○	○	○
Jewish, Sephardic	○	○	○	○	○	○	○
Jewish, other	○	○	○	○	○	○	○
Latter Day Saints or Mormon	○	○	○	○	○	○	○
Muslim	○	○	○	○	○	○	○
Protestant	○	○	○	○	○	○	○
Seventh Day Adventist	○	○	○	○	○	○	○
None	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○

Have you ever made an appointment or been seen in the Clinical Genetics Service at MSKCC in the past?

Yes ___ No ___

Have any of your relatives made an appointment or been seen in the Clinical Genetics Service at MSKCC in the past?

Yes ___ No ___

If yes, please tell us the full name of the person(s) and their relationship to you

Name _____

Relationship _____

Have you or any of your relatives had genetic testing for cancer in the past? Yes ____ No ____

If yes, please include copies of the genetic testing results when you return this form to us, if possible.

THANK YOU AGAIN FOR COMPLETING THIS FAMILY HISTORY QUESTIONNAIRE!