Walter Reed National Military Medical Center

Cancer Genetics Family History Questionnaire

Welcome to the Cancer Genetics program at Walter Reed National Military Medical Center. We look forward to participating in your care. In preparation for you appointment, we ask that you please complete the attached family history questionnaire. Please only include family members that are related to you by blood, and remember to include both relatives that have had cancer in the past AND relatives who have *never* had cancer. Having information about the history of the entire family assists us in observing any patterns that might be present and helps us to determine our level of suspicion for the presence of specific hereditary cancer predisposition syndromes.

The attached form is a fillable PDF that you can type directly into using your computer (click "enable all features" in the yellow bar at the top of your window). In the "Relationship to You" column, you can click the small gray box with the arrow in order to select an option. When you have completed your form, please send it to your genetics provider. There is a fax coversheet provided at the end of this document, and our mailing address is below.

If you have any questions, please contact your genetics provider:

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Genetic Counselor
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Breast Care Center
Walter Reed National Mil Med Ctr
4954 N Palmer Rd Bldg 19 Ste 3F
Bethesda, MD 20889

Family History Questionnaire

Cancer Genetics Services

Walter Reed National Military Medical Center

Name: _____ DOB: _____ Age: ___ Last 4 digits of sponsor's SSN: _____

Please list all of your biological (blood) relatives below, including those who have not had cancer. You may not know the answer to every question. If you're unsure about something, give your best guess and/or put a question mark (?) next to it. It may be helpful to contact family members who know additional information, but if that's not possible we will do our best with the information we have. If you have any questions, don't hesitate to contact us.

Under "Type of Cancer":

Please indicate cancer site and type if known (ex: bilateral invasive ductal breast cancer).
Include **only the primary site of the cancer**, not metastatic sites (for example, if an individual was diagnosed with colon cancer that spread to the liver, you only need to list colon cancer).

Have you ever been diagnosed with cancer? ☐ Yes ☐ No

Age at Diagnosis	Cancer Type	Treatment	Doctor/Hospital

Have you or one of your family members ever had a genetic test in the past? ☐ Yes ☐ No

Relationship to you (self, sister, etc): _____

Name of test: _____ Results: _____

Ordering doctor/facility (if known): _____ Date (approx.): _____

Would it be possible to obtain a copy of the test results? ☐ Yes ☐ No ☐ Maybe

Previous test results are often very useful during a genetics assessment. If you are able to obtain a copy of your or your family member(s) test results, please mail them to your genetics provider or fax them to their attention at 301-400-1307.

Do you have any children? ☐ Yes ☐ No *(if no, skip this section)* Total # of sons: ___ Total # of daughters: ___

Relationship to You	**First Name / Initials**	**Living or Deceased**	**Current Age** (or age of death)	**Had Cancer?**	**Type of Cancer** *(Primary cancer site only, not metastatic sites)*	**Age at Diagnosis**
1.		☐ L ☐ D		☐ Y ☐ N		
2.		☐ L ☐ D		☐ Y ☐ N		
3.		☐ L ☐ D		☐ Y ☐ N		
4.		☐ L ☐ D		☐ Y ☐ N		
5.		☐ L ☐ D		☐ Y ☐ N		
6.		☐ L ☐ D		☐ Y ☐ N		
7.		☐ L ☐ D		☐ Y ☐ N		
8.		☐ L ☐ D		☐ Y ☐ N		
9.		☐ L ☐ D		☐ Y ☐ N		

Name: _____ Last 4 digits of sponsor's SSN: _____

Do you have any <u>siblings</u>? ☐ Yes ☐ No *(if no, skip this page)* Total # of brothers: ___ Total # of sisters: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
10.		☐ L ☐ D		☐ Y ☐ N		
11.		☐ L ☐ D		☐ Y ☐ N		
12.		☐ L ☐ D		☐ Y ☐ N		
13.		☐ L ☐ D		☐ Y ☐ N		
14.		☐ L ☐ D		☐ Y ☐ N		
15.		☐ L ☐ D		☐ Y ☐ N		
16.		☐ L ☐ D		☐ Y ☐ N		
17.		☐ L ☐ D		☐ Y ☐ N		
18.		☐ L ☐ D		☐ Y ☐ N		
19.		☐ L ☐ D		☐ Y ☐ N		
20.		☐ L ☐ D		☐ Y ☐ N		

Do you have nieces or nephews? ☐ Yes ☐ No *(if no, skip this section)* Total # of nieces: ___ Total # of nephews: ___

Relationship to You	First Name / Initials	Child of (name or # above)	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
21.			☐ L ☐ D		☐ Y ☐ N		
22.			☐ L ☐ D		☐ Y ☐ N		
23.			☐ L ☐ D		☐ Y ☐ N		
24.			☐ L ☐ D		☐ Y ☐ N		
25.			☐ L ☐ D		☐ Y ☐ N		
26.			☐ L ☐ D		☐ Y ☐ N		
27.			☐ L ☐ D		☐ Y ☐ N		
28.			☐ L ☐ D		☐ Y ☐ N		
29.			☐ L ☐ D		☐ Y ☐ N		
30.			☐ L ☐ D		☐ Y ☐ N		
31.			☐ L ☐ D		☐ Y ☐ N		
32.			☐ L ☐ D		☐ Y ☐ N		
33.			☐ L ☐ D		☐ Y ☐ N		
34.			☐ L ☐ D		☐ Y ☐ N		

Name: _____ Last 4 digits of sponsor's SSN: _____

Your Mother's Side of the Family

Mother's ethnic background /ancestry *(ex: German, African American, Mexican):* _____

Does she have any Ashkenazi Jewish ancestry? ☐ Yes ☐ No If yes, on which side: _____

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
Mother		☐ L ☐ D		☐Y ☐ N		
Mother's Mother		☐ L ☐ D		☐Y ☐ N		
Mother's Father		☐ L ☐ D		☐Y ☐ N		

Does your mother have siblings? ☐ Yes ☐ No *(if no, skip)* Total # of your maternal aunts: ___ Total # maternal uncles: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
35.		☐ L ☐ D		☐Y ☐ N		
36.		☐ L ☐ D		☐Y ☐ N		
37.		☐ L ☐ D		☐Y ☐ N		
38.		☐ L ☐ D		☐Y ☐ N		
39.		☐ L ☐ D		☐Y ☐ N		
40.		☐ L ☐ D		☐Y ☐ N		
41.		☐ L ☐ D		☐Y ☐ N		
42.		☐ L ☐ D		☐Y ☐ N		
43.		☐ L ☐ D		☐Y ☐ N		
44.		☐ L ☐ D		☐Y ☐ N		
45.		☐ L ☐ D		☐Y ☐ N		

Does your mother have any other relatives who have had cancer? ☐ Yes ☐ No *(if no, skip this section)*

Relationship to You (Ex: Grandmother's sister, Number 22's son, Aunt Kay's daughter)	First Name / Initials	Living or Deceased	Current Age (or age of death)	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
46.		☐ L ☐ D			
47.		☐ L ☐ D			
48.		☐ L ☐ D			
49.		☐ L ☐ D			

Additional Comments:

Name: _____ Last 4 digits of sponsor's SSN: _____

Your Father's Side of the Family

Father's ethnic background /ancestry *(ex: German, African American, Mexican):* _____

Does he have any Ashkenazi Jewish ancestry? ☐ Yes ☐ No If yes, on which side: _____

Relationship to You	**First Name / Initials**	**Living or Deceased**	**Current Age** (or age of death)	**Had Cancer?**	**Type of Cancer** *(Primary cancer site only, not metastatic sites)*	**Age at Diagnosis**
Father		☐ L ☐ D		☐Y ☐ N		
Father's Mother		☐ L ☐ D		☐Y ☐ N		
Father's Father		☐ L ☐ D		☐Y ☐ N		

Does your father have siblings? ☐ Yes ☐ No *(if no, skip)* Total # of your paternal aunts: ___ Total # paternal uncles: ___

Relationship to You	**First Name / Initials**	**Living or Deceased**	**Current Age** (or age of death)	**Had Cancer?**	**Type of Cancer** *(Primary cancer site only, not metastatic sites)*	**Age at Diagnosis**
50.		☐ L ☐ D		☐Y ☐ N		
51.		☐ L ☐ D		☐Y ☐ N		
52.		☐ L ☐ D		☐Y ☐ N		
53.		☐ L ☐ D		☐Y ☐ N		
54.		☐ L ☐ D		☐Y ☐ N		
55.		☐ L ☐ D		☐Y ☐ N		
56.		☐ L ☐ D		☐Y ☐ N		
57.		☐ L ☐ D		☐Y ☐ N		
58.		☐ L ☐ D		☐Y ☐ N		
59.		☐ L ☐ D		☐Y ☐ N		
60.		☐ L ☐ D		☐Y ☐ N		

Have any of your father's other relatives been diagnosed with cancer? ☐ Yes ☐ No *(if no, skip this section)*

Relationship to You (Ex: Grandmother's sister, Number 11's son, Aunt Kay's daughter)	**First Name / Initials**	**Living or Deceased**	**Current Age** (or age of death)	**Type of Cancer** *(Primary cancer site only, not metastatic sites)*	**Age at Diagnosis**
61.		☐ L ☐ D			
62.		☐ L ☐ D			
63.		☐ L ☐ D			
64.		☐ L ☐ D			

Additional Comments:

From:

Phone:

FAX

ATTENTION: GENETICS

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