Cancer Genetics Intake – Personal History

Personal Info	rmation				
Name:				DOB:	
First Last			(Maiden)	_	
Last 4 digits of	your (or your sponsor's)	SSN:		_ Phone:	
Your Cancer H	History				
-	been diagnosed with car se describe below:	icer? Yes	No		
Age at Diagnosis	Cancer Type	Treatment	Did the cance other parts o If so, w	f the body?	Was there a recurrence? If so, list location and age.
Gynecologic H	listory (females only):				
How old were	you when you had your	irst menstrual period]?		
How many tim	es have you been pregna	ant (including miscarr	iages and abortions)?	·	
How old were	you when your first child	was born?			
Have you ever	r used birth control pills o	or patches? Yes	No (select one)		
If yes, wha	at is the total number of	years you used this ty	pe of birth control:		
Did you ever n	eed medication to becor	ne pregnant? Yes	No (select one)		
If yes, what	is the name of the media	cation?			
Are you still hav	ving menstrual periods?	Yes No (selec	t one)		
If no, at	t what age did you stop h	aving menstrual peri	ods?		
Have you ever	been on hormone replac	cement therapy? Ye			
If yes, f	or how long?				
Have you ha	ad any of the following s				
Uterus:	Y N Ovari e	s: One Both N	lone Fallopi a	an Tubes:	One Both None
If yes, why w	were they removed?				

Cancer Screening History					
Breast Cancer Screening (write N/A if never performed):					
How old were you when you had your first mammogram? When was your most recent mammogram? (year and month if known)					
If yes, when?					
Have you ever had a breast biopsy? Y N					
How many were normal? Don't know					
How many were "atypical ductal hyperplasia (ADH)"?					
How many were "lobular carcinoma in situ (LCIS)" or "lobular neoplasia"?					
If possible, please provide additional details below (approximate date of procedure, the hospital, etc)					
Colon and Gastrointestinal Cancer Screening (write N/A if never performed):					
Have you had a colonoscopy? Y N					
Age at first exam: How often/total number of colonoscopies:					
Have polyps been found?: Y N Total number of polyps (if known):					
Did any of your colonoscopies take place at a civilian facility? Y N					
If yes, please list details below (hospital, year, number of polyps if known, etc):					
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Have you had any other gastrointestinal cancer screening assessments? (ex: EGD) YN N If yes, please describe below (including procedure type, facility, year, and results if known):					
When was your last pelvic/gynecology exam? (or N/A)					
Miles and a state of the control of					
Have you ever had lesions (lumps or bumps) removed from your skin? Y N					
If yes, please describe (finding, facility, year if known):					
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When you've completed your intake paperwork, please send it to your genetics provider. If you have had procedures performed at civilian facilities (ex: breast biopsy, colonoscopy), please do your best to obtain a copy and enclose it with your intake forms.