Associates for Women's Medicine

Hereditary Cancer Genetic Testing

We are pleased to announce that we offer a high risk screening program here at Associates for Women's Medicine. This includes genetic testing for patients that may be at elevated risk of developing cancer in the following sites: breast, ovarian, gastric, colorectal, pancreatic, melanoma, prostate and endometrial.

An informative discussion will be provided that includes a description of hereditary cancer, the value of screening and early detection, and other relevant information. If appropriate, you will be offered additional testing. This test is done by a blood test.

Our goal is to empower, educate and provide support to you by providing the most current information available.

- Please discuss with your family for detailed information of your family's cancer history
- We need to know the type of cancer, age of diagnosis, age of death if appropriate
- If alive and what age they are now. If they are alive and have not had genetic testing- Why have they not had testing?
- Has there been any genetic testing in the family already?
- If there has been genetic testing- please bring a copy with you to your consult visit

If we do not have a complete history to the best of your ability, or a copy of genetic testing that has been done on the family member, we may not be able to do the blood work at your visit if you qualify and desire testing.

Thank you,

Associates for Women's Medicine

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Hereditary Cancer Questionnaire

FOR PATIENT TO COMPLETE - Please attach additional pages if needed:

1. You and Your Partner(s)

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis
You					
Your Partner(s) with whom you have had children 1					
2					
3					

2. Your Children - The names in the far right column should match name(s) listed as your partner(s) above.

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Name of Child's Birth Parent Other Than You
1						
2						
3						
4						
5						

3. Your Brothers and Sisters

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Which Parent(s) Do You Share?		
						Both	Mom	Dad
1								
2								
3								
4								

4. Your Nieces and Nephews - Only **YOUR** brothers' and sisters' children.

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Brother or Sister Who is the Parent
1						
2						
3						
4						
5						

5. Your Mother's Family

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis
Your Mother					
Your Mother's Mother					
Your Mother's Father					
Your Mothers Brothers and Sisters 1					
2					
3					

6. The Children of Your MOTHER'S Brothers and Sisters (Your First Cousins on Your Mother's Side)

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Mother's Brother or Sister Who is the Parent
1						
2						
3						
4						
5						

7. Your Father's Family

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis
Your Father					
Your Father's Mother					
Your Father's Father					
Your Father's Brothers and Sisters 1					
Your Father's Brothers and Sisters 2					
Your Father's Brothers and Sisters 3					

8. The Children of Your FATHER'S Brothers and Sisters (Your First Cousins on Your Father's Side)

	Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Father's Brother or Sister Who is the Parent
1						
2						
3						
4						
5						

9. Other family members WITH CANCER that are NOT listed above.

Last Name (Maiden), First	Sex M/F	If Alive - Current Age	If Deceased- Age at Death	Cancer(s) & Age at Diagnosis	Exact Relationship to you

10. Has anyone in your family had children with his or her blood relative? (Example: Are your parents first cousins?)

[ ] NO [ ] YES - If Yes, list which relatives and explain how they are related:_____

_____

If there has been any genetic testing in your family please bring a copy with you to your counseling visit. (ie. BRCA or COLARIS testing).