

## Family History Questionnaire

---

***Before filling out this questionnaire, please read the following notes and instructions:***

- ❖ Please fill out this Family History Questionnaire to the best of your ability. *You might find it helpful to ask other family members, in order to get the most accurate information.*
- ❖ Our cancer risk evaluation is based on the information that you provide. The more detailed and accurate the information we receive, the more accurate our risk assessment can be!
- ❖ *We recognize that completing this form might not be an easy process. We certainly do not want this request for information to be a barrier to your meeting with us. Just do the best you can, but please do not worry if you cannot obtain all of the requested information!*
- ❖ Note that each page of the Family History Questionnaire asks for essentially the same information—just for different sets of relatives.
- ❖ We would like to know for each blood relative in the family (*if possible*):
  - Name (including maiden name), particularly for individuals who have had cancer.
  - Location of the cancer: specifically, where the cancer *began* (e.g., breast, ovary, colon, etc.) This is different from organs to which the cancer might have spread (metastasis)
  - Type/pathology of each cancer case (e.g., ductal carcinoma in situ of the breast, etc.)
  - How old each individual was when he/she was diagnosed with cancer (for each different cancer diagnosis)
  - At which hospitals and/or in which cities the cancer cases were diagnosed/treated (and how)
  - Date of birth, if possible, and current age
  - If deceased, age and cause of death
  - Other medical or physical findings (such as colon polyps, atypical hyperplasia of the breast, etc.), as well as when each finding was diagnosed
  - Any operations (e.g., hysterectomy with removal of the ovaries, mastectomy, etc.) or biopsies, the reasons for them, and the results
- ❖ Please list ALL close blood relatives, regardless of whether or not they have had cancer. Exact dates of birth and dates of death are helpful, but not essential, particularly for individuals who have *not* had cancer.
- ❖ Please list any other cases of cancer in more distant relatives (if not covered in questionnaire).
- ❖ Feel free to add any other information you think is relevant.
- ❖ Please note your concerns, any specific questions you hope to have answered, as well as your expectations from the visit!
- ❖ **Please FAX, mail, or bring your completed Family History Questionnaire to the Family Cancer Risk Service *before* your appointment.** Please also keep a copy and bring it with you.  
**FAX: (615) 343-0746.**  
**“Attention: Family Cancer Risk Service”**  
**Address: Family Cancer Risk Service ♦ Suite 2500 Village at Vanderbilt ♦ 1500 21<sup>st</sup> Avenue South ♦ Nashville, TN 37212**
- ❖ If you have questions, please do not hesitate to call us at (615) 343-0738 or toll-free 877-688-7555.