

Please return your completed form by mail, fax or email to:

Grand Valley Oncology
2596 Patterson Rd.
Grand Junction, CO 81505
Fax: 970-644-3198

If you have any questions about this form or your upcoming genetic counseling appointment please call (970) 644-3202 or email Katie.Lemas@gjhosp.org

Section 1: Tell us about yourself

First _____

Last _____

_____ Date of birth

_____ Sex

What is your maternal ancestry (where your mother's family is from)? Ex. German, English, Japanese, French Canadian, Nigerian, etc.

What is your paternal ancestry (where your father's family is from)? Ex. German, English, Japanese, French Canadian, Nigerian, etc.

Are either of your parents of Ashkenazi Jewish decent?

Mother: Yes ___ No ___ Unknown ___

Father: Yes ___ No ___ Unknown ___

Have you had any genetic testing? If so, what testing and what were the results?

Yes _____ No _____

Have any of your family members had any genetic testing? If so, what testing and what were the results?

Yes _____ No _____

Have you been diagnosed with cancer? If so, what type of cancer and how old were you when you were diagnosed?

Yes _____ No _____

Have you ever had a breast biopsy? If so, how many?

Yes _____ No _____

Have you ever had a colonoscopy or sigmoidoscopy? If so, were any polyps removed and how many?

Yes _____ No _____

Section 2: Women please complete this section

At what age did you begin your period? _____

Have you gone through menopause? If so, how old were you? _____

How old were you when your first child was born? _____

Have you had a hysterectomy? Yes _____ No _____

Have you had your ovaries removed? Yes _____ No _____

Have you ever used oral contraceptives (birth control pill)? Yes _____ No _____

If yes, how long?

<1 year _____ 1-4 years _____ 5-10 years _____ >10 years _____

Have you ever used Hormone Replacement Therapy (HRT)? Yes _____ No _____

If yes, what type and how long? Estrogen only _____ Estrogen and Progesterone _____

<1 year _____ 1-4 years _____ 5-10 years _____ >10 years _____

The following sections ask questions about your family health history. You may not know this information or be comfortable sharing it, and that's okay. This information is used to help identify any patterns or trends in your family which help evaluate your risk for cancer (or future cancers) and create personalized medical management recommendations for you. If you do not know exact ages please enter your best estimate.

**If you are adopted or do not know your biological family information please skip the next sections.*

Section 3: Your parents and grandparents

Parents & Grandparents	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses
Mother				
Maternal Grandmother				
Maternal Grandfather				
Father				
Paternal Grandmother				
Paternal Grandfather				

Section 4: Your children

First Name	Male or Female	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses

Section 5: Your siblings

First Name	Full or Half Siblings	Male or Female	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses
	Full ____ Half through mom ____ Half through dad ____					
	Full ____ Half through mom ____ Half through dad ____					
	Full ____ Half through mom ____ Half through dad ____					
	Full ____ Half through mom ____ Half through dad ____					
	Full ____ Half through mom ____ Half through dad ____					

Section 6: Extended Family

How many total aunts and uncles on your mother's side? Aunts _____ Uncles _____

How many total aunts and uncles on your father's side? Aunts _____ Uncles _____

Only list those that have had cancer.

Aunts and Uncles on Mother's Side	Aunt or Uncle	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses

Only list those that have had cancer.

Aunts and Uncles on Father's Side	Aunt or Uncle	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses

Section 7: Nieces/nephews with cancer

First Name	Male or Female	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses

Section 8: Any other relatives with cancer

First Name	Male or Female	If alive: Current age	If deceased: Age at death	Diagnosed with Cancer: If so, what type?	Age at cancer diagnoses