

**The Virginia G. Piper Cancer Center
Cancer Genetic Risk Assessment Program
480-323-1231**

Please complete the attached Family History Questionnaire to the best of your knowledge. To provide an accurate assessment, it's important that we have a complete picture of your family history, including all relatives in your family and their ages. Please return the completed questionnaire at least several days prior to your appointment to make your visit as productive as possible. If this is not possible, you may also bring the completed questionnaire with you to your appointment. **We also need a referral/script from your referring physician, which you can bring with you on the day of your visit or have the physician fax to us directly at 480-323-1232.**

Submission checklist:

- Approximate **AGES** for all relatives (current age or age at death).
If unknown, give an estimate (for example, uncle died in his 40s or aunt alive in her 80s).
- Location and type of cancers diagnosed in family members in addition to age of diagnosis.
- Include **ALL** relatives, even those without a history of cancer.
- Indicate relationship for half-siblings (for example, half-brother with shared mom).
- List cousins below their parent (an aunt or uncle).
- If you included extended relatives with a history of cancer on the last page - please indicate how they are related to you: my maternal grandfather's brother's daughter or my paternal uncle's son's daughter.

Send Family History Questionnaire via:

- Email: FamilyHistory@HonorHealth.com
- Fax: 480-323-1232
- Mail: 10460 N. 92nd St., Suite 300
Scottsdale, AZ 85258
- Drop off at the front desk on the first floor of the Cancer Center.

Regarding Insurance:

Typically, the genetic risk assessment appointment **is covered** by insurance. Once you have been scheduled for an appointment, our registration staff will verify your benefits. However, you may want to contact your insurance company to find out if you have any **unmet deductible** as you may be responsible for that amount.

Sent: _____

**Virginia G. Piper Cancer Center Cancer Genetic Risk Assessment Program
FAMILY HISTORY QUESTIONNAIRE**

Completing a family history is the key in evaluating your chances of having a hereditary form of cancer.

REFERRING PHYSICIAN (NAME) _____

PHYSICIAN PHONE NUMBER _____

YOUR HISTORY

Full Name _____ **Date of Birth** _____

Your Telephone Number _____

Type of Cancer:

1. _____ **Age at Diagnosis:** _____

2. _____ **Age at Diagnosis:** _____

I have never been diagnosed with cancer.

If you check this box please answer the questions below:

Have you had a mammogram, breast MRI, or ultrasound? Y/N

Type/Date(s): _____

Have you ever had a biopsy due to suspicion of cancer? Y/N

Type/Date(s): _____

(Women) Have you ever had a hysterectomy or had your ovaries removed? Y/N

Date(s): _____

Have you had a colonoscopy? Y/N

Date(s): _____ Were any polyps found? _____

What is your ethnic background (i.e., Ireland, England, Morocco, etc.)?

Mother's mother: _____ **Mother's father:** _____

Father's mother: _____ **Father's father:** _____

Are you of Jewish ancestry? yes no

Name: _____

Include **ALL** family members **with and without** a history of cancer

YOUR IMMEDIATE FAMILY: Please include your parents' and your children's first names.

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
My mother	F						
My father	M						

NOTE: If any women had a hysterectomy, indicate if ovaries were removed, age at surgery and reason for surgery

YOUR CHILDREN:

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
My child							
My child							
My child							
My child							
My child							
My child							

Name: _____

YOUR GRANDPARENTS:

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
Mother's mother							
Mother's father							
Father's mother							
Father's father							

ALL OF YOUR BROTHERS AND SISTERS (WITH OR WITHOUT CANCER):

List your nieces/nephews under each corresponding parent.

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
My sister	F						
Her child							

Name: _____

YOUR MOTHER'S BROTHERS/SISTERS (WITH OR WITHOUT CANCER):

List your cousins under each corresponding parent.

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
My aunt	F						
My cousin							

Name: _____

YOUR FATHER'S BROTHERS/SISTERS (WITH OR WITHOUT CANCER):

List your cousins under each corresponding parent.

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
My aunt	F						
My cousin							

Name: _____

ANY OTHER BLOOD RELATIVES:

List anyone else with cancer such as your grandparents' siblings.

Relation/ First Name	Male or female	Living or Deceased	Current AGE or age at death	Cause of death	Type(s) of cancer, if any (i.e. bilateral breast ca)	Age at diagnosis	Other history (cysts, colon polyps, ovaries removed, etc.)
Grandmothers' sister on dads' side	F						

Has anyone in the family ever had genetic testing related to cancer? Yes No

If so, how is this family member related to you (sister, paternal cousin)? _____

What was the name of the test? _____

What were the results? _____

It is very important for your assessment that we review the genetic testing performed in the family. Therefore, please speak with your relatives and obtain a copy of their genetic testing prior to your appointment.

Email to:
FamilyHistory@HonorHealth.com

Fax to:
480-323-1232

Mail to:
Virginia G. Piper Cancer Center
Cancer Genetic Risk Assessment Program
10460 N. 92nd St., Suite 300
Scottsdale, AZ 85258

Please call 480-323-1231 if you have any questions.
Thank you, and we look forward to meeting with you soon.



Name: _____