



COMPREHENSIVE
CANCER CENTERS
OF NEVADA

Family and Self Health History for Genetic Counseling

Your Personal Health History

NAME: _____ **DATE OF BIRTH:** _____

1. Your weight: _____ (pounds) Your height: _____ feet _____ inches _____
2. Have you ever had cancer? ↑YES ↑NO *If YES, please continue below. If NO, skip to question 3.*
Age at diagnosis _____ Type and stage of cancer, if known:

What treatments did you receive for this cancer? (surgery, radiation, chemotherapy, hormone, other): _____

Have you had any other cancers? ↑YES ↑NO

Please describe: _____

3. Please list any other genetic conditions, including benign or precancerous growths you've had: _____

Screening Test	Date of Most Recent Exam	Results of Most Recent Exam	Age at First Exam	Frequency of Exam	Comments
Women:					
Self-Breast Exams					
Clinical Breast Exams					
Mammograms					
Breast MRI					
Pap Smear					
CA-125					
Transvaginal Ultrasound					

Men:					
Digital Rectal Exam					
PSA Blood Test					
Men and Women:					
Skin Exams					
Colonoscopy					
Sigmoidoscopy					
Upper Endoscopy (EGD)					
Capsule Endoscopy					
ERCP (endoscopic retrograde cholangiopancreatography)					
Barium Enema					
Fecal Occult Stool Test					
Other/Notes:					

4. Have you been diagnosed with Colon Polyps? ↑YES ↑NO

Age at first Colon Polyp _____ Total number of colon polyps _____

Type of polyp (if known) _____

5. Have you ever smoked? ↑YES ↑NO If Yes, how many packs per day? _____ For how long? _____

Do you drink alcohol? ↑YES ↑NO If Yes, how many drinks per week? _____

6. For Women:

• At what age did your periods start? _____ At what age did your periods stop? _____

• Why did your periods stop? Circle one: Surgical/Cancer Treatment/Natural Menopause/Other: _____

• Number of pregnancies _____ Number of births _____ Number of miscarriages or abortions _____

• At what age did you have your first child? _____

• History of abnormal pap smears? ↑YES ↑NO Age, if yes _____

• Have you ever taken hormone replacement therapy (HRT)? ↑YES ↑NO If yes:

Type _____ (estrogen or estrogen/progesterone?) How many years? _____

• Have you ever taken oral contraceptives? ↑YES ↑NO From what age to what age? _____

• Have you ever had a breast biopsy? ↑YES ↑NO Number of biopsies _____

Your Nieces and Nephews: (Please list all, even those without cancer)

Name	Who is their parent? (ex: sister- Ann)	Sex	Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth?
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					
		M / F					

Your Mother and Maternal Grandparents: (Please list all, even those without cancer)

What countries did your mother's relatives come from: _____

Relative	Name	Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth?
Mother						
Your Mother's Mother						
Your Mother's Father						

Aunts and Uncles on your MOTHER'S Side of the Family: (Please list all, even those without cancer)

Name	Sex	Age	Age at Death	Type of Cancer	Age at Diagnosis	Benign or Precancerous Growth?
	M / F					
	M / F					
	M / F					
	M / F					

Add any additional family members with a history of cancer below or on a separate page (if needed).

Please include a copy of genetic test results if possible. If you have death certificates or pathology reports on family members with cancer or pre-cancer, please include with packet.

Authorization to Disclose My Genetic Consultation and Genetic Test Results

Patient Name: _____ Date of Birth: _____

I authorize Comprehensive Cancer Centers of Nevada to disclose my cancer genetic consultation notes and genetic test results to the following physicians, or persons:

1. _____
2. _____
3. _____

This authorization ends one year following the date at which it is signed unless otherwise noted here:

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship (parent, guardian, etc.)



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**LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES
FOR NEAVDA**

ATTENTION: If you speak any of the following languages, language assistance services, free of charge, are available to you. Call 1-877-261-6608 for more information.

<p>Amharic: ትኩረት: እርስዎ የ አማርኛ ተናጋሪ ከሆኑ የቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ በነጻ ተዘጋጅልዎታል። በ1-877-261-6608 ይደውሉ።</p>	<p>Arabic ملحوظة: إذا كنت تتحدث اللغة العربية، تتوفر لك خدمة المساعدة اللغوية بالمجان. برجاء الاتصال بـ 1-877-261-6608.</p>
<p>Chinese: 注意：如果您讲中文，我们可以为您提供免费语言协助服务。请拨打 1-877-261-6608。</p>	<p>French: ATTENTION : Si vous parlez français, des services d'aide linguistique, vous sont proposés gratuitement. Appelez le 1-877-261-6608.</p>
<p>German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-877-261-6608.</p>	<p>Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan iti 1-877-261-6608.</p>
<p>Japanese: ご注意：日本語でお話しになりたい場合は、無料の言語支援サービスをご利用いただけます。1-877-261-6608にお電話ください。</p>	<p>Korean: 안내: 한국어 통역지원서비스를 무료로 제공해드리고 있습니다. 지원이 필요하시면, 전화 1-877-261-6608로 문의하시기 바랍니다.</p>
<p>Russian: ВНИМАНИЕ: Если вы говорите по-русски, вам предложены бесплатные услуги перевода. Звоните по телефону 1-877-261-6608.</p>	<p>Samoan: FAAALIGA: Afai e te tautala Faa-Samoa, o loo maua fesoasoani mo tautua tau gagana, e lē totogia mo oe. Telefoni i le 1-877-261-6608.</p>
<p>Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llamar al 1-877-261-6608.</p>	<p>Tagalog: ATENSYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit mo. Tumawag 1-877-261-6608.</p>
<p>Thai: โปรดทราบ: หากคุณพูดภาษาไทย บริการให้ความช่วยเหลือด้านภาษาพร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-877-261-6608</p>	<p>Urdu: توجہ: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان در اختیارتان قرار می گیرد. با 1-877-261-6608 تماس بگیرید.</p>
<p>Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi 1-877-261-6608.</p>	