NYOH New York Oncology Hematology

Hereditary Cancer Risk Assessment
Personal and Family History Questionnaire

Patient Information

Legal First Name _____ Last Name _____

Preferred Name _____ D.O.B _____

Home Address _____
Street City State Zip

Phone Numbers (H) _____ (C) _____ (W) _____

Email Address _____

Sex Assigned at Birth ☐ Male ☐ Female ☐ Intersex ☐ Other please specify: _____

Gender Identity ☐ Male ☐ Female ☐ Non-binary ☐ Trans-Male ☐ Trans-Female ☐ Other _____

Preferred Pronouns ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other _____

Race *(Select all that apply)* ☐ Asian ☐ Black or African American ☐ Latino/ Latina/Latinx ☐ Native American or First American ☐ Native Hawaiian and Pacific Islander ☐ White ☐ Other Race _____

Ethnicity _____ **Preferred Language** _____

Health Care Providers

Oncologist _____

Referring Provider _____

Primary Care Provider _____

Other Specialists (List Specialty & Provider

_____

_____

_____

Familial Ancestry

Biological Parent's country/countries of origin prior to the U.S.

_____ _____
Biological Mother Biological Father

Do you have Central or Eastern European Jewish (Ashkenazi) ancestry on either side of your biological family? *(Please check all that apply)*

Biological Mother: ■ Yes ☐ No ☐ Unsure **Biological Father:** ☐ Yes ☐ No ☐ Unsure

Genetic Testing

Please list any genetic testing you or your biological family members have had. If available, please bring a copy of the genetic test report to your visit.

_____

_____

_____

Legal Name _____ D.O.B. ____/____/____

Personal Health History

1. **Weight** _____ *(pounds)* **Height** _____
2. **Have you ever had cancer?** ☐ Yes – *Please continue below* ☐ No – *Skip to question 3*

   Age at initial diagnosis _____ Stage of cancer at diagnosis, if known _____

   Type of cancer diagnosed with _____

   What treatments did you receive for this cancer (*e.g., surgery, radiation, chemotherapy, hormone*)? _____

   _____

   Have you had any other cancers? ☐ Yes ☐ No *If yes, please describe* _____
3. **List any other diagnosed genetic, benign, or precancerous conditions** _____

   _____

Cancer Screening History

Test/Screening		Most Recent Exam Date	Most Recent Exam Results	Age at First Exam	Notes
Capsule Endoscopy					
Colonoscopy					
Barium Enema					
ERCP *(Endoscopic retrograde cholangiopancreatography)*					
Fecal Occult Stool Test					
Sigmoidoscopy					
Skin Exams					
Upper Endoscopy (EGD)					
Other					
Female Only	**Self Breast Exams**				
	Clinical Breast Exams				
	Mammograms				
	Breast MRI				
	PAP Smear				
	CA-125				
	Transvaginal Ultrasound				
Male	**Rectal Prostate Exam**				
	PSA Blood Test				

Have you been diagnosed with Colon Polyps? ☐ Yes ☐ No

If yes, age at first Colon Polyp? _____ Total Number of Colon Polyps_____ Type of Polyp *(If known)* _____

Have you ever smoked? ☐ Yes ☐ No

If Yes, how many packs per day? _____ For how long? _____ If you have quit, when did you quit? _____

Do you drink alcohol? ☐ Yes ☐ No *If Yes, How many drinks per week?* _____

Please list any allergies _____

Legal Name _____ D.O.B. ____/____/____

Assigned Female At Birth

Menstruation History

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

Why did your periods stop? *(Check one)* ☐ Surgical/Cancer Treatment ☐ Natural Menopause ☐ Other _____

Pregnancy History

Number of Pregnancies _____ Live Births _____ Miscarriages or Abortions _____

At what age did you have your first child? _____ Did you breast feed for longer than 1 month? ☐ Yes ☐ No

Pregnancy Complications? _____ C-sections? _____

History of abnormal pap smears? ☐ Yes ☐ No *If Yes,* age(s) _____

Have you ever taken hormone replacement therapy (HRT)? ☐ Yes ☐ No *If yes,* type _____

Year you began HRT? _____ Year you stopped HRT? _____

Have you ever taken oral contraceptives? ☐ Yes ☐ No *If yes,* total # of years taken _____

What age did your start taking oral contraceptives? _____ What age did you stop? _____

Have you ever had a breast biopsy? ☐ Yes ☐ No *If yes,* # of biopsies _____

Did your biopsy show any of the following? Check here if Unknown ☐

Atypical Hyperplasia	☐ Yes ☐ No	Age _____	Side ☐ Left ☐ Right
Lobular Carcinoma in Situ (LCIS)	☐ Yes ☐ No	Age _____	Side ☐ Left ☐ Right
Ductal Carcinoma in Situ (DCIS)	☐ Yes ☐ No	Age _____	Side ☐ Left ☐ Right
Invasive Cancer	☐ Yes ☐ No	Age _____	Side ☐ Left ☐ Right

Gynecological Surgery History

Have you had a hysterectomy (surgical removal of uterus)? ☐ Yes ☐ No

Reason for hysterectomy _____

Have you had an oophorectomy (surgical removal of ovaries)? ☐ Yes ☐ No *If yes,* how old were you? _____

Ovaries Removed ☐ Both ☐ Left Only ☐ Right Only

Reason for oophorectomy _____

Surgeries/Procedures

Please list all surgeries and procedure details and year occurred *(e.g. pacemaker, dental extractions)*

Type of Surgery or Procedure	Year	Doctor

Legal Name ______________________________ D.O.B. ____/____/______

Medical Diagnosis History

Please check if you had or currently have any of the following.

Condition	Year Diagnosed	Condition	Year Diagnosed
☐ Anemia		☐ High Cholesterol	
☐ Anxiety		☐ Jaundice/Hepatitis Type:	
☐ Arthritis		☐ Kidney Disease	
☐ Asthma		☐ Liver/Gallbladder Disease	
☐ Blood Disorder/Blood Clots		☐ Measles/Mumps/Rubella/Chicken Pox	
☐ Bladder Problems		☐ Mental Illness	
☐ Cancer type:		☐ Migraine or Frequent Headaches	
☐ Chronic Pain		☐ Sexually Transmitted Infections (Herpes, HIV)	
☐ Colitis/Crohn's Disease		☐ Seizure Disorder	
☐ Connective Tissue Disease (Lupus)		☐ Skin Disease (eczema, psoriasis, hives)	
☐ COPD/Emphysema		☐ Stroke	
☐ Congestive Heart Failure		☐ Thyroid Problem	
☐ Depression		☐ Other medical problems not listed. List below.	
☐ Diabetes			
☐ Heart Condition (Afib, Heart Attack)			
☐ High Blood Pressure			

Your Family Health History

Please List All Family Members Even Those Without Cancer

Biological Children ☐ *I do not have any biological children.*

Sex Assigned at Birth ☐ Female ☐ Male

Name ______________________________

☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?

☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______

Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male

Name ______________________________

☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?

☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______

Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male

Name ______________________________

☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?

☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______

Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male

Name ______________________________

☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?

☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______

Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male

Name ______________________________

☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?

☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______

Cancer Type(s) ______________________________

Legal Name _____ D.O.B. ____/____/____

Biological Mother & Maternal Grandparents *(Parents of your mother)*

Mother ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Maternal Grandmother ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Maternal Grandfather ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Biological Father & Paternal Grandparents *(Parents of your father)*

Father ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Paternal Grandmother ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Paternal Grandfather ☐ Unknown
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Biological Siblings *(Both full and half siblings of your parents)* ☐ ***I do not have any biological siblings.***

Sex Assigned at Birth ☐ Female ☐ Male
Full or Half? ☐ Full ☐ Maternal Half ☐ Paternal Half
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Sex Assigned at Birth ☐ Female ☐ Male
Full or Half? ☐ Full ☐ Maternal Half ☐ Paternal Half
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Sex Assigned at Birth ☐ Female ☐ Male
Full or Half? ☐ Full ☐ Maternal Half ☐ Paternal Half
Name _____
☐ Alive *Current Age* _____ ☐ Deceased *Age at Death* _____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* _____
Cancer Type(s) _____

Legal Name ______________________________ D.O.B. ____/____/______

Biological Siblings Cont.

Sex Assigned at Birth ☐ Female ☐ Male
Full or Half? ☐ Full ☐ Maternal Half ☐ Paternal Half
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Full or Half? ☐ Full ☐ Maternal Half ☐ Paternal Half
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

☐ Full ☐ Maternal Half ☐ Paternal Half
Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased *Age at Death* ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Maternal Biological Aunts & Uncles *(Siblings of your mother)* ☐ ***I do not have any maternal biological aunts or uncles.***

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________________________ *Sibling of* ☐ Mother ☐ Father
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________________________

Legal Name ______________________________ D.O.B. ____/____/______

Paternal Biological Aunts & Uncles *(Siblings of your father)* ☐ *I do not have any paternal biological aunts or uncles.*

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________ *Sibling of* ☐ Mother ☐ Father
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sibling of ☐ Mother ☐ Father | *Sex Assigned at Birth* ☐ Female ☐ Male
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________ *Sibling of* ☐ Mother ☐ Father
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________ *Sibling of* ☐ Mother ☐ Father
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male
Name ______________ *Sibling of* ☐ Mother ☐ Father
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Maternal Biological Cousins *(Child of an aunt)* ☐ *I do not have any maternal biological cousins.*

Sex Assigned at Birth ☐ Female ☐ Male *Child of* ______________
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* ______________
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* ______________
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* ______________
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* ______________
Name ______________
☐ Alive *Current Age* ______ ☐ Deceased ***Age at Death*** ______

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ______
Cancer Type(s) ______________

Legal Name ______________________ D.O.B. ____/____/____

Paternal Biological Cousins *(Child of an uncle)* ☐ ***I do not have any paternal biological cousins.***

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased *Age at Death* ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased *Age at Death* ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased *Age at Death* ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased *Age at Death* ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sibling of ☐ Mother ☐ Father | *Sex Assigned at Birth* ☐ Female ☐ Male
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Biological Nieces & Nephews *(Children of your siblings)* ☐ ***I do not have any biological nieces or nephews.***

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sex Assigned at Birth ☐ Female ☐ Male *Child of* __________
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________

Sibling of ☐ Mother ☐ Father | *Sex Assigned at Birth* ☐ Female ☐ Male
Name __________
☐ Alive *Current Age* ____ ☐ Deceased ***Age at Death*** ____

Ever diagnosed with Cancer?
☐ No ☐ Yes ☐ Unknown If yes, *Age at Diagnosis* ____
Cancer Type(s) __________