

## Collecting Family History

### colon cancer risk assessment

#### Personal Medical History

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Do you have any medical diagnoses? \_\_\_\_\_

Have you had cancer(s)?  Yes  No If yes, list the kind of cancer(s) and your age(s) at diagnosis: \_\_\_\_\_

Have you had any surgeries? \_\_\_\_\_

Have you had any colorectal polyps (*include age at first polyp diagnosis, approximate total number, and type*)? \_\_\_\_\_

#### Family Cancer History (use additional pages if needed)

How many daughters do you have? \_\_\_\_\_ Sons? \_\_\_\_\_

How many sisters do you have? \_\_\_\_\_ Brothers? \_\_\_\_\_

Have any of your siblings or children had cancer (*list their relationship to you, the type of cancer, and their age at diagnosis*)? \_\_\_\_\_

Have any of your nieces or nephews had cancer (*include type of cancer and their age at diagnosis*)? \_\_\_\_\_

#### Maternal (mother's) Side

**Mother's health history** (*current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis*): \_\_\_\_\_

How many sisters did your mother have? \_\_\_\_\_ Brothers? \_\_\_\_\_

Did/do any maternal aunts and uncles have cancer?  Yes  No

If yes, list their relationship to you, the type of cancer, and their age at diagnosis: \_\_\_\_\_

Did/do any of your maternal first cousins (*the children of your aunts and uncles*) have cancer?  Yes  No

If yes, list the kind of cancer and their age at diagnosis: \_\_\_\_\_

**Maternal grandmother** (current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis): \_\_\_\_\_

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**Maternal grandfather** (current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis): \_\_\_\_\_

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What ethnicity(s) is your maternal side of the family? \_\_\_\_\_

### Paternal (father's) Side

**Father's health history** (current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis): \_\_\_\_\_

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How many sisters did your father have? \_\_\_\_\_ Brothers? \_\_\_\_\_

Did/do any paternal aunts and uncles have cancer?  Yes  No

If yes, list their relationship to you, the type of cancer, and their age at diagnosis: \_\_\_\_\_

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Did/do any of your paternal first cousins (*the children of your aunts and uncles*) have cancer?  Yes  No

If yes, list the kind of cancer and their age at diagnosis: \_\_\_\_\_

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**Paternal grandmother** (current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis): \_\_\_\_\_

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**Paternal grandfather** (current age if living; if deceased, include age at death and cause, any cancer history and age at diagnosis): \_\_\_\_\_

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What ethnicity(s) is your paternal side of the family? \_\_\_\_\_

### Family Polyp History

Has anyone in your family had colon polyps?  Yes  No

Has anyone in your family been diagnosed with polyposis?  Yes  No

If yes, include their relationship to you and any details you know about their polyp history (*age at first polyp diagnosis, approximate total number, and type, if known*). \_\_\_\_\_

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