

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): _____

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

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): _____

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: _____

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: _____

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

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

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*). _____
