ROCKY MOUNTAIN™ CANCER CENTERS

Please send this family history questionnaire form and prior genetic testing results, if applicable, to one of the following ***before your genetics appointment***:
Electronic Submission: Hit "Submit" button below
Email: RMCCGeneticCounseling@usoncology.com
Fax: 303-930-8060
Mail: Rocky Mountain Cancer Centers – Genetic Counseling Department, 7951 E. Maplewood Ave. #350, Greenwood Village, CO 80111
Note: You will be seen at the clinic location you were scheduled for, not at this office.

FAMILY HISTORY QUESTIONNAIRE

Full Name: _____ **Date:** _____

Date of Birth: _____ **Gender:** ☐M ☐F **Best Phone Number:** _____

ANCESTRY: ☐ White/Non-Hispanic ☐ Hispanic/Latino ☐ Black/African ☐ Native American ☐Other
☐ Ashkenazi Jewish ☐ Asian ☐ Pacific Islander ☐ Middle Eastern

MEDICAL HISTORY:

Have you ever been diagnosed with cancer? ☐Yes ☐No Diagnosis/Age: _____

Date of last colonoscopy (please estimate if unsure): _____

History of colon polyps? ☐Yes ☐No Number of colon polyps in lifetime: _____

Have you or any family members ever had genetic testing? ☐Yes* ☐No

Please list any genetic testing you or your family members have had. Include name and date of birth if relatives were tested at RMCC: _____

Please send a copy of your or your family member's genetic testing results to us prior to your appointment.

List the total number of each type of relative in your family:			
EXAMPLE: *Sisters*	*2*		
Sons		Daughters	
Full Brothers		Full Sisters	
Half-Brothers through your mother		Half-Sisters through your mother	
Half-Brothers through your father		Half-Sisters through your father	
Uncles on mother's side		Aunts on mother's side	
Uncles on father's side		Aunts on father's side	

Below, please list ANY relatives diagnosed with cancer and the age they were diagnosed. Include nieces, nephews, cousins and distant relatives if applicable.

RELATIVE	**SIDE OF FAMILY**	**CANCER** Include ANY type of cancer (Breast, Colon, Ovarian, Prostate, Uterine, Pancreatic, etc.)	**AGE DIAGNOSED**
EXAMPLE: *Sister*	☐ Maternal ☐ Paternal	*Breast*	*40*
EXAMPLE: *Aunt #1*	X Maternal ☐ Paternal	*Ovarian*	*68*
	☐Maternal ☐Paternal		
	☐Maternal ☐Paternal		
	☐Maternal ☐Paternal		
	☐Maternal ☐Paternal		
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