KAISER PERMANENTE®

Family History Questionnaire
Cancer Genetics

Instructions: *Please fax this form to Genetics OR have it with you during your visit.*

- Complete as much of the form as you can. (It's okay if you don't fill in everything)
- Include all biological (blood) relatives, even those without cancer.
- If you are unsure, check with someone in the family who may have more information.
- Estimate the age or use an age range if you don't know an exact age. Example: 70s or 70-75
- If you are unsure of the cause of death, write "unknown".
- If anyone in the family has had genetic testing, you will be asked to send a copy of the lab report.
- CANCER: When possible, include location and any pathology details. Examples: 1) breast, ductal carcinoma, triple negative; 2) ascending colon, adenocarcinoma; 3) ovary, serous carcinoma

ABOUT YOU:

Name:_____ **Kaiser MRN#:** _____

Your ancestry/ethnic background:

Mother's side: _____

Father's side: _____

Do you have any Ashkenazi (eastern European) Jewish ancestry? No Yes

Has anyone in your family married a blood relative (ex: cousin, second cousin)? No Yes

If yes, please describe who, and how they are related to each other:

_____

*If you run out of space in any section, just use the extra space at the end of the form.

YOUR PARENTS

	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis
Mother						
Father						

YOUR CHILDREN

If you had children with more than one partner, please include the other parent's name for each child.

Gender (Name of other parent)	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

YOUR SIBLINGS

If you have half-siblings, please indicate if you share the "same mother" or "same father".

Gender (Note if half-sibling)	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

YOUR SIBLINGS' CHILDREN (Nieces/nephews)

Please indicate which of your siblings is the parent

Gender and parent's first name	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

THIS PART IS ABOUT YOUR MOTHER'S SIDE OF THE FAMILY

YOUR GRANDPARENTS (Mother's parents)

	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis
Grandmother (Mother's Mother)						
Grandfather (Mother's Father)						

YOUR AUNTS/UNCLES (Mother's siblings)

If your mother has any half-siblings, please indicate if they share the "same mother" or "same father"

Gender (Note if half-sibling)	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

THIS PART IS ABOUT YOUR FATHER'S SIDE OF THE FAMILY

YOUR GRANDPARENTS (Father's parents)

	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis
Grandmother (Father's Mother)						
Grandfather (Father's Father)						

YOUR AUNTS/UNCLES (Father's siblings)

If your father has any half-siblings, please indicate if they share the "same mother" or "same father"

Gender (Note if half-sibling)	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

Use this section to add more relatives, if you ran out of space anywhere on the form. Also include any relatives with cancer who are not already mentioned.

ADDITIONAL FAMILY HISTORY
and
OTHER RELATIVES WITH CANCER
Examples: grandchild, great grandparent, cousin, cousin's child, etc)

Gender and Relationship	First Name	Current Age (if living)	Age at death Cause of death (Leave blank if living)	Cancer? (Y/N/?)	Cancer details (locations, pathology, etc)	Age at diagnosis

Notes or Additional Information you wish to provide:
If anyone has had genetic testing, please indicate who, and include the results below.

Kaiser Permanente Genetics Departments

Clovis/Fresno	Fax: 559-324-5730	Ph: 559-324-5530
Modesto	Fax: 209-735-3337	Ph: 209-735-3144
Oakland	Fax: 510-752-6754	Ph: 510-752-6298
Sacramento	Fax: 916-614-4768	Ph: 916-614-4075
San Francisco	Fax: 415-833-2999	Ph: 415-833-2998
San Jose	Fax: 408-972-3298	Ph: 408-972-3300