A MEDICAL CORPORATION

CONTRA COSTA ONCOLOGY

Specializing in Cancer Care and Blood Disorders

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CANCER GENETICS PROGRAM INTAKE

PART ONE: *Patient Information*

Name (First, Middle, Last): _____ Date of Birth: _____

Address: _____

Phone

Home: _____ Cell: _____

Work: _____ Email address: _____

Ancestry

Mother's country(s) of ancestry (prior to USA) _____

Father's country(s) of ancestry (prior to USA) _____

Jewish Ancestry? ☐ Yes ☐ No

Occupation

Current or Former Occupation(s): _____

_____

_____

Prior Testing and Results

Are any treatment decisions (such as type of surgery) to be based on results of genetic testing? ☐ Yes ☐ No

If yes, explain: _____

_____

Has anyone in your family had genetic testing? ☐ Yes ☐ No

If so, gene(s) tested: _____

Results of testing: _____

Referring Doctor: _____

Primary Doctor: _____

PART TWO: *Your Cancer History*

Have you ever been diagnosed with cancer? ☐ Yes ☐ No

If yes, please complete below:

Part of Body		
Type of Cancer		
Age at Diagnosis		
Surgery Type		
Treatment		
Hospital		

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Have you had cancer at more than one site (ex., in both breasts, or more than one primary site)? ☐ Yes ☐ No

If yes, explain: _____

_____

Have you had any abnormal growths other than cancer (ex., thyroid nodules, uterine fibroids, lipomas, etc.)? ☐ Yes ☐ No

If yes, explain: _____

_____

Have you ever had skin growths/lumps/cysts removed? ☐ Yes ☐ No

If so, please specify what kind _____

_____

Have you ever had a colonoscopy? ☐ Yes ☐ No

Polyps removed? ☐ Yes ☐ No

If so, how many: _____

PART THREE: *Lifestyle*

Do you smoke? ☐ Yes ☐ No

If yes, how many cigarettes per day? _____

Have you ever smoked? ☐ Yes ☐ No

If yes, for how long, and how many/day? _____

Do you drink alcohol? ☐ Yes ☐ No

If yes, how many drinks per week? _____

Height: _____ Weight: _____

Do you have any chronic health problems? ☐ Yes ☐ No

If yes, explain: _____

_____

Have you had any environmental exposure that you believe may have affected your health? ☐ Yes ☐ No

If yes, explain: _____

_____

_____

_____

_____

_____

_____

PART FOUR: *For Women Only*

Menarche: At what age did your period start? _____

Have you ever taken birth control pills? ☐ Yes ☐ No

If yes, for how long (total cumulative time)? _____

Have you ever been pregnant? ☐ Yes ☐ No

Year(s) of Pregnanc _____ _____ _____

Live birth(s)? ☐ Yes ☐ No

If so, gender(s) and age(s) of child(ren)? _____ _____ _____

If live birth(s), did you breastfeed? ☐ Yes ☐ No

For how long? _____ _____ _____

Have you started your menopause? ☐ Yes ☐ No

If yes, age at menopause: _____

Have you ever taken hormone replacement therapy? ☐ Yes ☐ No

If yes, which medicines and for how long? _____

Have you ever had a hysterectomy? ☐ Yes ☐ No

If yes, when and why? _____

Have you had both ovaries removed? ☐ Yes ☐ No

If yes, when and why? _____

If no, have you had ovarian cancer screening? ☐ Yes ☐ No

Breast Screening:

Do you examine your own breasts? ☐ Yes ☐ No

Have you had a mammogram? ☐ Yes ☐ No

If yes, how often? _____

If yes, what was the age at first mammogram? _____

Have you ever had a breast biopsy? ☐ Yes ☐ No

If yes, number of biopsies? _____

Any abnormal findings ? _____

Have you taken Tamoxifen or another drug to prevent the occurrence or recurrence of breast cancer? ☐ Yes ☐ No

PART FIVE: *Your Family History*

Please complete for *all relatives (not just those with cancer diagnoses*). Please circle any relative who has had genetic testing in the past. Indicate anyone who had more than one primary cancer, or cancer on both sides.

Sibling #1–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Sibling #2 –First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Sibling #3–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Sibling #4 –First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Sibling #5–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Sibling #6 –First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Other Family Members: Cousins, Nieces, Nephews who have had a cancer diagnosis

First Name _____

☐ Relationship _____

Current age (if alive) _____

Age at death (if applicable) _____

Cancer ☐ Yes ☐ No _____

Age at diagnosis _____

Primary site of cancer _____

Ovaries or other organs removed _____

First Name _____

☐ Relationship _____

Current age (if alive) _____

Age at death (if applicable) _____

Cancer ☐ Yes ☐ No _____

Age at diagnosis _____

Primary site of cancer _____

Ovaries or other organs removed _____

First Name _____

☐ Relationship _____

Current age (if alive) _____

Age at death (if applicable) _____

Cancer ☐ Yes ☐ No _____

Age at diagnosis _____

Primary site of cancer _____

Ovaries or other organs removed _____

Relatives-*Mother's Family*: Please list all known relatives whether they had cancer or not.

Mother–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Mother's Mother–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Mother's Father–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Organs removed _____

Mother's Sibling #1–First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Mother's Sibling #2–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Mother's Sibling #3–First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Mother's Sibling #4–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Cousin on Mother's Side–First Name _____
☐ Male ☐ Female
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Relatives-*Father's Family*: Please list all known relatives whether they had cancer or not.

Father–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Organs removed _____

Father's Mother–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Father's Father–First Name _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Organs removed _____

Father's Sibling #1–First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Father's Sibling #2–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Father's Sibling #3–First Name _____
☐ Brother ☐ Sister
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Father's Sibling #4–First Name _____
☐ Brother ☐ Sister _____
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No _____
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed _____

Cousin on Father's Side–First Name _____
☐ Male ☐ Female
Current age (if alive) _____
Age at death (if applicable) _____
Cancer ☐ Yes ☐ No
Age at diagnosis _____
Primary site of cancer _____
Ovaries or other organs removed