

Bermuda Cancer Genetics Risk Assessment Program

Family History Questionnaire

Submit completed forms via email to lshane@partners.org or drop to the Front Desk at Bermuda Cancer and Health Centre

Name: _____ Maiden Name: _____ Birth Date: _____
(M/D/Y)

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone# _____

Email Address: _____

Please Circle Preferred Contact: Home Work Cell E-mail

Have you completed this questionnaire before? Yes No

Do you want to be contacted if your risk is elevated? Yes No

If you are seen at the Cancer Genetics Clinic, do you want a copy of your consultation forwarded to the Bermuda Cancer and Health Center? Yes No

In order to determine the potential risk for hereditary cancer, it is important to understand the details of all the cancers in your family. Include all blood relatives whether living or dead. Knowing if you or your family has a heredity form of cancer can help you and your physician make important decision about managing your health.

Have you been diagnosed with cancer?	Yes or No (Please Circle)	Age of Diagnosis:
Type of cancer:		

Relative	Name (First, Maiden, Surname)	Cancer Type	Age of Diagnosis	Living/Deceased
<i>Example: Sister</i>	<i>Jane Brown Smith</i>	<i>Breast</i>	<i>42</i>	<i>Living</i>
<i>Your Immediate Family</i>				
Sister				
Sister				
Brother				
Brother				
Daughter				
Daughter				
Son				
Son				
<i>Mother's Family</i>				
Mother				
Grandmother (mother's side)				
Grandfather (mother's side)				
Aunt (mother's side)				
Aunt (mother's side)				
Uncle (mother's side)				
Uncle (mother's side)				
Cousin (mother's side)				
Cousin (mother's side)				
<i>Father's Family</i>				
Father				
Grandmother (father's side)				
Grandfather (father's side)				
Aunt (father's side)				
Aunt(father's side)				
Uncle(father's side)				
Uncle(father's side)				
Cousin(father's side)				
Cousin(father's side)				