10 Trench Street
Richmond Hill, ON
Canada L4C 4Z3

Mackenzie Health Genetics Clinic
Tel: (905) 883-1212 ext. 7579
Fax: (905) 883-2052

Genetics Clinic

Cancer Personal and Family History Questionnaire

Your doctor referred you to the Mackenzie Health Genetics clinic because of a personal or family history of cancer. Your family history is an important tool to help determine why cancers are occurring in a family.

Please complete this questionnaire to the best of your abilities and return it to your physician.

After this questionnaire has been received by the Mackenzie Health Genetics clinic, your appointment will be scheduled.

Name:____

Date of Birth (Day/Month/Year):___________________________

Preferred Telephone:_____________________________________

Family Background				
What is the ancestry* on your mother's side of the family?				
What is the ancestry on your father's side of the family?				
Is there Ashkenazi Jewish heritage in your family? (Please circle)	No	Yes (mom's side)	Yes (dad's side)	Yes (both sides)
* Ancestry refers to the country or countries from which your ancestors originated; eg. German, English				

Relative	**Name**	**Male/ Female**	**Living? (Y/N)**	**Age Now or Age at Death (estimate if unsure)**	**Had cancer? (Y/N)**	**Type of Cancer**	**Age Cancer was diagnosed**
Example	*Mary Smith*	*F*	*N*	*65y*	*Y*	*Breast*	*60y*
Your biological children							
Full Siblings (brothers and sisters with same mom and dad as you)							
Half-Siblings (please indicate if relative shares same mom or dad as you)							
Nieces/ Nephews (children of your brothers or sisters)							

Maternal Side							
Relative	**Name**	**Male/ Female**	**Living? (Y/N)**	**Age Now or Age at Death (estimate if unsure)**	**Had cancer? (Y/N)**	**Type of Cancer**	**Age Cancer was diagnosed**
Mother							
Grandmother							
Grandfather							
Aunts/ Uncles (your mom's brothers and sisters)							

Paternal Side							
Relative	**Name**	**Male/ Female**	**Living? (Y/N)**	**Age Now or Age at Death (estimate if unsure)**	**Had cancer? (Y/N)**	**Type of Cancer**	**Age Cancer was diagnosed**
Father							
Grandmother							
Grandfather							
Aunts/ Uncles (your father's brothers and sisters)							

Extended Family Members Who Have Had Cancer							
Relative	**Side of Family and Relationship**	**Male/ Female**	**Living? (Y/N)**	**Age Now or Age at Death (estimate if unsure)**	**Had cancer? (Y/N)**	**Type of Cancer**	**Age Cancer was diagnosed**
Example: Cousin	*Maternal (daughter of aunt Mary)*	*F*	*Y*	*40y*	*Y*	*Colon*	*38y*

If there is any other information that you think we should know, please tell us here:

____

____

____

____

____

____

Breast Cancer Risk Modifier Questionnaire

Have you had cancer? (specify type and age at diagnosis) ____

Did you receive chest radiation (*NOT chest x-ray*) **before age 30?** *(e.g. as treatment for Hodgkin's lymphoma)*

☐ No

☐ Yes ► **At what age did you receive chest radiation?** _____________

How tall are you? _____feet ____inches *or* ____cm
What is your current weight? _____lbs *or* _____kg

Do you have breast implants? ☐ No *or* ☐ Yes

Have you ever had breast tissue removed (biopsy, lumpectomy, mastectomy, or breast reduction)?

☐ No

☐ Yes ►At what age? _________ ►Specify reason and Name of Facility/Hospital____

At what age did your menstrual periods start? ______________
At what age did you have your first child? __________________

Have your periods stopped for greater than 1 year? *(please do not include times when your period stopped due to pregnancy, breast feeding, illness, or strenuous exercise)*

☐ No *(you are premenopausal)* ☐ No *(you are perimenopausal)*

☐ Yes *(you are menopausal)* ►At what age? _________ ; Why did your period stop?

☐Natural Menopause

☐Surgery to remove **a**. ovaries only; *or* **b**. uterus only; *or* **c.** uterus and ovaries (please circle)

☐Other ____

Have you ever taken hormone replacement therapy (HRT)?

☐ No, I've never taken HRT

☐ Yes, I stopped HRT # ______ years ago; I was on HRT for _____ years

☐ Yes, I have been on HRT for #______ years

►My HRT is a combination of: ☐ estrogen and progesterone; ☐ estrogen only; ☐progesterone; ☐ other; ☐ don't know