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Oncology – Hematology and Cancer Genetics

Genetics' Worksheet

Patient name: _____ DOB: ____/____/____

1. Does anyone in either your mother's or father's side of the family have a history of:

1.1 Colon or rectal cancer: **Yes No**

1.2 Breast cancer: **Yes No**

1.3 Ovarian cancer: **Yes No**

1.4 Prostate cancer: **Yes No**

1.5 Pancreatic cancer: **Yes No**

1.6 Melanoma skin cancer: **Yes No**

2. Is there anyone in the family that comes from Ashkenazi Jewish descent: **Yes No**

3. Is there anyone in the family with colon polyps: **Yes No**

3.1 Who? _____ 3.2 How many polyps? _____

3.3 Did they have adenomatous polyps? _____

4. Did anyone in the family have cancer, especially anyone before the age of 55? **Yes No**

4.1 If so, who and at what age? _____

4.2 How old are they now? _____

5. Are there any pathology reports or gene testing reports available for anyone in the family who has had cancer? _____

6. Has anyone in the family had a genetic consultation before? **Yes No**

7. Have any cousins, nieces/nephews had any cancer? **Yes No**

8. Is there anyone in the family with unusual pigmentation of the skin or multiple skin tags or unusual moles? **Yes No**

9. Is there anyone in the family with unusually large head or large nose? **Yes No**

10. Is there anyone in the family with a history of mental retardation? **Yes** **No**

11. It is very important to know the ages of relatives with cancer...

11.1 At what age were they diagnosed with cancer?

11.2 What are their present ages?

11.3 How old were they when they died?
