

Patient Information (Please print clearly)

Full Legal Name:
Date of Birth:
QUESTIONS ABOUT YOU

Have you been diagnosed with colon or rectal cancer?

☐ No ☐ Yes Type of cancer _____ Age at Diagnosis _____

Have you been diagnosed with other types of cancer?

☐ No ☐ Yes Type of cancer(s): _____

How old were you at the time(s) of your diagnosis? _____

Have you had more than 10 colon polyps total?

☐ No ☐ Yes Approximately how many? _____ At what age? _____

QUESTIONS ABOUT YOUR FAMILY HISTORY OF CANCER

1. Please complete the following questions for all of your biological (blood-related) relatives.
2. Indicate whether or not they have had cancer and if so, the type of cancer and their age at diagnosis.
3. Choose from the list of cancers below or write in another if not listed.
4. Feel free to use multiple cancer types if your relative has had cancer more than once (do not include if the type was metastatic – the same cancer showing up somewhere else).
5. If there is not enough room for all of your relatives, please include only those who have had cancer.
6. Note if a sibling is a half-sibling.

- | | | | |
|----------------|--------------------------|---------------------|-----------|
| • Breast | • Uterine/Endometrial | • Esophageal | • Thyroid |
| • Colon/Rectum | • Ovarian | • Mouth/Throat | • Stomach |
| • Cervical | • Hodgkin's Disease | • Melanoma | • Kidney |
| • Lung | • Leukemia | • Other Skin Cancer | • Liver |
| • Prostate | • Non-Hodgkin's Lymphoma | • Pancreas | • Sarcoma |

Cancer: No Yes Type of cancer:
Age at Diagnosis:

Mother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Father	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother 1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother 2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister 1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister 2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

TEAM

NAME

PT NO

DOB

PLACE EPIC LABEL HERE

[M]

[F]

 Fred Hutchinson Cancer Center
 is an independent organization
 that serves as UW Medicine's
 cancer program.

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	Cancer:	No	Yes	Type of cancer:	Age at Diagnosis:
Child 1		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child 2		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child 3		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother's mother (Grandmother)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother's father (Grandfather)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother's sister (Aunt)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother's brother (Uncle)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Father's mother (Grandmother)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Father's father (Grandfather)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Father's sister (Aunt)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Father's brother (Uncle)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Niece		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nephew		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

☐ Please check here if your family cancer history is unknown.

☐ Have any of your family members had more than ten colon polyps removed?

☐ Check if you would like to speak to a genetic counselor about genetic testing or cancer risk for family members.

Do you have any additional thoughts or concerns about your family history?

If so, please share them here:

TEAM

NAME

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