PROVIDENCE
Health & Services
Southern California

Place Patient Label Here

Dear Patient,

Once you complete this questionnaire, it will be reviewed by our Genetic Counselor to see if you might benefit from a Genetics visit. If so, our Genetic Counselor will call you. Genetic counseling/testing may help your doctors to create the best program for cancer treatment as well as prevention and early detection for you and your family.

Your History

1. Have you ever had prostate cancer? YES NO How old were you when you were diagnosed? _____
2. Are you of Eastern European Jewish (Ashkenazi) ancestry? YES NO
3. Have you ever had genetic counseling and/or genetic testing? YES NO
4. Have YOU ever had:

Colon cancer?	YES	NO	How old were you when you were diagnosed? _____
Pancreatic cancer?	YES	NO	
Breast cancer?	YES	NO	

Your Family History

***Think about relatives on both **your mother's and father's side** including: children, parents, brothers/sisters, aunts/uncles, nieces/nephews, first cousins, grandparents, great-grandparents, grandparents brothers/sisters

1. Have any **MALE** relatives ever had:

Prostate cancer?	YES	NO	How many relatives? _____
Breast cancer?	YES	NO	

2. Have any **FEMALE** relatives ever had:

Breast cancer?	YES	NO	How many relatives? _____
	Any diagnosed at age 50 or younger?	YES	NO
Ovarian cancer?	YES	NO	
Uterine (endometrial) cancer?	YES	NO	How many relatives? _____
	Any diagnosed at age 50 or younger?	YES	NO

3. Have any **MALE OR FEMALE** relatives ever had:

Pancreatic cancer?	YES	NO	How many relatives? _____
Colon or rectal cancer?	YES	NO	How many relatives? _____
	Any diagnosed at age 50 or younger?	YES	NO

STAFF ONLY

Gleason score (If multiple, list highest): _____

Notes: _____