



Well Adult Exam - Female

Name: _____

Age: _____ Today's Date : _____

Gyn History

Date of last menstrual period: _____

Sexually Active: yes no

Month/Year of last Pap smear: _____

History of abnormal Pap smear: yes no

History of STD: yes no

Birth Control Method: Birth Control Pills

IUD :

Brand _____

Year placed _____

Condoms

Depo Provera

Vasectomy

Tubal Ligation

None

Other _____

OB History

Total # of Pregnancies: _____

History of c-section: yes no

History of miscarriage: yes no

History of hysterectomy: yes no

Preventive History

Family History of Breast Cancer: yes no

Family History of Ovarian Cancer: yes no

Family History of Colon Cancer: yes no

Have you had genetic testing for cancer : yes no

Year of last Colonoscopy (if 45 years of age or risk factors) : _____

Year of last Mammogram (40+ or risk factors) : _____

Year of last Bone Density Scan (65+ or risk factors): _____

Year of last Tetanus booster: _____

Annual Flu Vaccine: yes no

COVID-19 Vaccine: yes no

Gardasil Vaccine (11-45 years old): yes no

Pneumonia vaccine (65+ or risk factors): yes no

Shingles vaccine (50+): yes no

Daily multivitamin: yes no

Vitamin D3 Supplement 2000IU : yes no

Tobacco use : No ___ Yes ___

If **No**, have you smoked in the past? _____

If **Yes**, how many years have you smoked? _____

If yes, how many packs per day? _____

If you are over 50 years old when was your last Chest

CT lung cancer screening scan? _____

Do you regularly consume more than 6 alcohol drinks per week?

No _____ Yes _____

Please provide the scheduler with the following mammogram information if

you are due for your mammogram this year:

Bra size _____ Implants: yes or no

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Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

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Risk Assessment for Hereditary Cancer Syndromes

Patient Name: _____ Date of Birth: _____ Date _____ Physician _____

Our clinic is dedicated to improving your quality of care, committed to your health, and helping with cancer prevention. To best serve you, we need a detailed personal and family cancer history.

SEE EXAMPLE!!!!!!!!!! Please consider the following Family Members when completing this form: (Blood Relatives Only)

- Mother, Father, Sister, Brother, Children: **(1st degree relatives)**
- Aunt, Uncle, Grandmother, Grandfather, Grandchild, Niece, Nephew, Half Siblings: **(2nd degree relatives)**
- Cousins, Great Grandparent, Great Aunt, Great Uncle: **(3rd degree relatives)**

| | | BREAST AND OVARIAN CANCER (BRACAnalysis) | SELF | FAMILY MEMBER | |
|---|---|--|------|--------------------------------|--------------------------------|
| | | | | MOTHER'S SIDE/AGE of diagnosis | FATHER'S SIDE/AGE of diagnosis |
| Y | N | EXAMPLE: Breast Cancer at age 45 or younger | | Aunt/42 | |
| Y | N | Breast cancer younger than 50 (in self, 1 st , 2 nd degree family members) | | | |
| Y | N | Ovarian cancer at any age (in self, 1 st , 2 nd degree family members) | | | |
| Y | N | Two breast cancers on the same side of the family with one being diagnosed at or under the age of 50, or bilateral breast cancer at ANY age (in self, 1 st , 2 nd , or 3 rd degree family members) | | | |
| Y | N | Three or more of the following cancers at any age on the same side of the family: breast, ovarian, pancreatic, prostate (in self, 1 st , 2 nd , or 3 rd degree family members) | | | |
| Y | N | Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2) (in self, 1 st , or 2 nd degree family members) | | | |
| Y | N | Male breast cancer at any age (in self, 1 st , 2 nd , degree family members) | | | |
| Y | N | Breast or ovarian or pancreatic cancer at any age with Ashkenazi Jewish ancestry. (in self, 1 st , 2 nd , 3 rd degree family members) | | | |
| Y | N | A family member with a known hereditary cancer mutation (BRCA, PALB2, CHEK2, Lynch, ATM, etc) (in self, 1 st , 2 nd , or 3 rd degree family members) | | | |
| | | COLON AND UTERINE CANCER (COLARIS) | SELF | FAMILY MEMBER | |
| | | | | MOTHER'S SIDE/AGE of diagnosis | FATHER'S SIDE/AGE of diagnosis |
| Y | N | Uterine (endometrial) cancer before age 50 (in self, 1 st , or 2 nd , degree family members) | | | |
| Y | N | Colon cancer before age 50 (in self, 1 st , or 2 nd , degree family members) | | | |
| Y | N | 2 or more of the following cancers (Colon, uterine, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas). (One of the cancers diagnosed before the age of 50 and one must be colon, rectal or uterine cancer) (in self, 1 st , or 2 nd , 3 rd degree family members) | | | |
| Y | N | 3 or more of the following cancers at any age (Colon, uterine, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas). (One must be colon, rectal or uterine cancer). (in self, 1 st , or 2 nd , 3 rd degree family members) | | | |
| Y | N | A family member with a known Lynch Syndrome mutation (in self, 1 st , or 2 nd , 3 rd degree family members) | | | |