



Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Well Adult Exam – Female**

**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 (50+ or risk factors): Yes No

Shingles Vaccine (50+): Yes No

Daily multivitamin: Yes No

Vitamin D3 Supplement 2000IU: Yes No

Have you ever smoked or used chewing Tobacco : Yes No

If **yes**, how many years have you/did you smoke? \_\_\_\_\_

If **yes**, how many packs per day? \_\_\_\_\_

If **yes** and you quit, at what age did you quit? \_\_\_\_\_

If you are over 50 and have a 20-pack year history of smoking, when was your last CT lung cancer screening: Year \_\_\_\_\_

Do you regularly consume more than 6 alcohol drinks per week? Yes No

Please provide the following if you are due for your mammogram this year:

Bra size \_\_\_\_\_

Implants: Yes No

**Please see next page**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

**Please see next page**

## 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: **(1<sup>st</sup> degree relatives)**
- Aunt, Uncle, Grandmother, Grandfather, Grandchild, Niece, Nephew, Half Siblings: **(2<sup>nd</sup> degree relatives)**
- Cousins, Great Grandparent, Great Aunt, Great Uncle: **(3<sup>rd</sup> degree relatives)**

| BREAST AND OVARIAN CANCER (BRACAnalysis) |   |   | SELF | FAMILY MEMBER                  |                                |
|--|---|---|------|--------------------------------|--------------------------------|
|  |   |   |      | MOTHER'S SIDE/AGE of diagnosis | FATHER'S SIDE/AGE of diagnosis |
| Y  | N | <b>EXAMPLE: Breast Cancer at age 45 or younger</b>  |      | Aunt/42                        |                                |
| Y  | N | Breast cancer younger than 50<br>(in self, 1 <sup>st</sup> , 2 <sup>nd</sup> degree family members)   |      |                                |                                |
| Y  | N | Ovarian cancer at any age<br>(in self, 1 <sup>st</sup> , 2 <sup>nd</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> degree family members)   |      |                                |                                |
| Y  | N | Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2)<br>(in self, 1 <sup>st</sup> , or 2 <sup>nd</sup> degree family members)   |      |                                |                                |
| Y  | N | Male breast cancer at any age<br>(in self, 1 <sup>st</sup> , 2 <sup>nd</sup> , degree family members)   |      |                                |                                |
| Y  | N | Breast or ovarian or pancreatic cancer at any age with Ashkenazi Jewish ancestry.<br>(in self, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree family members)   |      |                                |                                |
| Y  | N | A family member with a known hereditary cancer mutation (BRCA, PALB2, CHEK2, Lynch, ATM, etc)<br>(in self, 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> 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<br>(in self, 1 <sup>st</sup> , or 2 <sup>nd</sup> , degree family members)   |      |                                |                                |
| Y  | N | Colon cancer before age 50<br>(in self, 1 <sup>st</sup> , or 2 <sup>nd</sup> , 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)<br>(in self, 1 <sup>st</sup> , or 2 <sup>nd</sup> , 3 <sup>rd</sup> 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 <sup>st</sup> , or 2 <sup>nd</sup> , 3 <sup>rd</sup> degree family members)  |      |                                |                                |
| Y  | N | A family member with a known Lynch Syndrome mutation (in self, 1 <sup>st</sup> , or 2 <sup>nd</sup> , 3 <sup>rd</sup> degree family members)  |      |                                |                                |