



Steps to filling out your Family History Form

Your family history information is key – the accuracy of your risk assessment depends on it!

TIPS

1. Reach out to relatives for details.
2. Include all biologically related family members, not just those who have been diagnosed with cancer. knowing how big or small your family is, as well as the number of male and female relatives you have, matters.
3. We will assume that any sibling listed is a full sibling

(shares a mother and father with you) unless you tell us otherwise.

If you have half siblings, please note the shared parent after their name (e.g. Jane- mother).

4. Keep a copy of the form for your own records.



3 options for returning your form



1. Email to gencancer@cheo.on.ca
 - Be sure to sign the consent to email communication form on page 2.
 - Scan all the pages, including consent form.



2. Fax to **613-738-4822**

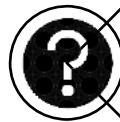


3. Mail to "Hereditary Cancer Program-Genetics WC2"
401 Smyth Rd, Ottawa ON K1H 8L1

Please do not return this form if you have not been referred and did not receive a letter from our clinic instructing you to go to our website. If you have a family history of breast and/or ovarian cancer, please ask your primary care provider for a referral to the Ontario Breast Screening High Risk Program (Ontario resident) or to our clinic directly (Quebec resident or DND).

Thank you,
CHEO Hereditary Cancer Program

Frequently asked questions



What do I do if I don't know much about my family history or I cannot get more information?

A: Please fill in as much as you can and return it to us.



I don't know the exact year of birth, age at death, or age of cancer diagnosis for my family member. What should I do?

A: Please estimate (for instance 40s or 1970s)



I've run out of space. How do I tell you about more distant family members with cancer?

A: Please use the back page to tell us about any other relevant family history of cancer.



I am not comfortable giving first names of my family members. What about their privacy?

A: You can choose to use initials or numbers (e.g. J.D., sister #1). Any information shared with us is covered under the Personal Health Information Privacy Act (PHIPA).



What if I need more time to complete my family history form?

A: Please call us at **613-737-7600 x3774**. Your file will be closed after 3 months if we have not received your form. After that, you will need to ask your health care provider to submit a new referral.



CONSENT FOR COMMUNICATION

Patient Identification/label

I authorize CHEO and/or _____ to communicate via the following methods: _____
(Team/Department//Discipline/Health Care Professional)

- Email Communication (*Email:* _____) Video Conference Telephone
- Text/SMS (_____) Internet Based Platform _____
(Please specify)

Please read the following carefully:

Patients should not use email for urgent communications. Please note that email is not encrypted on the CHEO email system. Security and privacy can never be completely guaranteed.

As a patient/legal guardian/substitute decision maker, you are responsible for maintaining the privacy of your personal devices.

I acknowledge the health care professional’s right to, upon written notice, withdraw the option of communicating through telecommunications.

(Signature of Patient – 12 years and older)

Date: _____

(Substitute Decision Maker)

(Witness to Identification and Signature)

(Relationship to Patient)

CHEO Representative: _____
(Print Name)

(Signature)

Revoking of Consent for Communication

I no longer wish to communicate via: _____

(Signature of patient/legal guardian)

(Signature of Health Care Professional)

Date: _____

Date: _____

Questions about you:

Your Name: _____ Your Date of Birth: _____ Phone #: _____

Please indicate the ideal time to receive a telephone call: 7-9am 9-11am 11am-1pm 1-3pm 3-5pm

➤ What is your approximate current weight _____ (lb) and height _____ (ft, in)?

➤ At what age was your first menstrual period? Age: _____

➤ Are you still menstruating? (check the option that applies)

Yes, I am premenopausal Yes, off and on, I am perimenopausal No, I am postmenopausal

If No, what was your **age** at menopause? Age: _____

If you stopped menstruating because of a hysterectomy (removal of uterus), use of birth control, or other reason, please indicate it:

➤ Do you have any children by birth?

No Yes If yes: How old were you when your first child was born? Age: _____ Have

➤ you used oral hormone replacement therapy (HRT)? (this **does not** mean the birth control pill or fertility treatments)

No

Yes, I am currently

How many years? _____

Please specify the type of hormone replacement therapy: Estrogen only Combined

Yes, but I am no longer

How many years? _____

How many years ago did you stop? _____

Please specify the type of hormone replacement therapy: Estrogen only Combined

➤ Have you ever had a breast biopsy?

No Yes If yes: Where and what was the outcome (ex. Fibroadenoma, hyperplasia, LCIS)?

Hospital/Facility: _____

Outcome: _____

➤ Have **you** ever been diagnosed with any type of cancer? No Yes

If yes: Type of cancer: _____ Age at diagnosis: _____

Questions about your family:

➤ What is your ethnicity (ex. Irish, Aboriginal, Iranian, French Canadian)?

Father's side _____ Mother's side _____

➤ Do you have any Ashkenazi Jewish ancestry? No Yes Unsure

(We ask this question because an inherited predisposition to cancer may be more common in Ashkenazi Jewish populations)

➤ Have you or anyone in your family undergone genetic testing for a hereditary cancer condition?

Yes, Name/relation: _____

Clinic: _____

Result: _____

No

Unsure

Your immediate family:

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
<i>Example: Your sister</i>	Jane, Sister #1	F	1945, 1940s, or 68, 60s	1975, 1970s, or 85, 80s	Breast (bilateral) Colon	L- 43, R- 59 60s
Your children by birth or write none						
Your siblings (brothers/sisters) or write none						
Your mother		F				
Your father		M				

Your mother's family:

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
Your mother's mother		F				
Your mother's father		M				
Your mother's siblings (your maternal aunts/ uncles) or write none						

Your father's family:

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
Your father's mother		F				
Your father's father		M				
Your father's siblings (your paternal aunts/ uncles or write none						

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
Your children by birth						
Your siblings (brothers/sisters)						

Your mother's family

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
Your mother's siblings (your maternal aunts/ uncles)						

Your father's family:

Relative	Name	Sex	Year of Birth or Current age	Year of Death or Age of Death	For relatives who have had cancer	
					Type of cancer	Age at diagnosis
Your father's siblings (your paternal aunts/ uncles)						

Other relatives diagnosed with cancer on your mother's side

Example- first cousin	Sex	Year of Birth or Current age	Year of Death or Age of Death	Type of cancer	Age at diagnosis

Other relatives diagnosed with cancer on your father's side

Example- first cousin	Sex	Year of Birth or age Current age	Year of Death or Age of Death	Type of cancer	Age at diagnosis

Thank you for completing this questionnaire.