

Family History Questionnaire
Questionario de Historia Familiar

Patient Name _____ DOB: _____ Primary Physician: _____
Nombre de Paciente Fecha de Nacimiento Medico Primario

Please answer the following questions about your family history. This will help medical professionals decide if
Por favor conteste las siguientes preguntas tocante su historia familiar. Esto ayudara los medicos profesionales decidir si la Informacion de cancer hereditaria le sea de
information about hereditary cancers may be helpful to you.
beneficio.

1. Have you had cancer before the age or 50?

Ha tenido cancer antes de la edad de 50 anos?

NO Skip to next question.

Pase a la siguiente pregunta

YES What kind of cancer? _____ At what age? _____
Si Que clase de cancer? A que edad?

2. Has anyone else in your family had any cancer before the age of 50? This includes your mother's family and
Alguien mas en su familia a tenido cualquier clase de cancer antes de la edad de 50? Esto incluye familias de padre y madre?
your father's family.

NO Skip to next question

Pase a la siguiente pregunta

YES
SI

Please list:

Por favor liste

What kind of cancer?
Que clase de cancer?

At what age?
A que edad?

How are you related?
Cual es su relacion?

3. Have you or anyone in your family had ovarian cancer at any age? This includes your mother's family and
Usted o alguien en su familia a tenido cancer de ovarios a cualquier edad? Esto incluye familiares de madre y padre.
your father's family.

NO Skip to next question

Pase a la siguiente pregunta

YES How are you related? _____ At what age? _____
Si Cual es su relacion? A que edad?

4. Have any men in your family been diagnosed with breast cancer? This includes your mother's family and
Algun hombre en su familia a sido diagnosticado con cancer de seno? Esto incluye familiares de madre o padre?
your father's family.

NO Skip to next question

Pase a la siguiente pregunta

YES How are you related? _____ At what age? _____
Si Cual el su relacion? A que edad?

5. Have you or anyone else in your family had multiple colon polyps throughout their life? This includes your
Usted o alguien en su familia a tenido multiple polipos en el colon durante toda su vida? Esto incluye familiar de madre y padre.
mother's family and your family's family.

NO

YES How are you related? _____ # of polyps? _____ At what age?
Si Cual es su relacion? # de polipos? A que edad?

If you answered yes to any of these questions, you and/or your family may benefit from meeting with a genetic
Si usted contesto si a algunas de estas preguntas usted o su familia beneficiaran de una junta con un consejero genetico. Su doctor lo
counselor. Your doctor may refer you, or if you would like further information about hereditary cancers,
puede referir o si gusta mas informacion de cancer hereditario for favor hable

please call. **Central Washington Genetics Program**
Yakima Valley Memorial Hospital
509-575-8160