CLINICAL CANCER AND MEDICAL GENETICS PROGRAM
All forms need to be in our office before your appointment is scheduled. Please send by E-mail to genetics.clinic@osumc.edu using 'E-mail Form' button on last page or by Fax: 614-293-2314 or Mail: Genetics, 2012 Kenny Road, Suite 261 Columbus, OH 43221

Family History - Patient's First Degree Relatives

Patient Lastname: _____ **First Name, MI:** _____ **Birthdate:** _____

Date Completed: _____ MRN: _____

Relationship:	First and Last Name:	Current Age If Living	Age at Death If Deceased	List this person's health problems and/or cause of death: At what age were diagnosed (approx.)? If no health problems, please write "Healthy"
Patient				
Spouse				
Father				
Mother				
Sister ☐ Brother ☐				
Sister ☐ Brother ☐				
Sister ☐ Brother ☐				
Sister ☐ Brother ☐				
Sister ☐ Brother ☐				

Family History - Patient's Children

Patient Name (Last, First) : _____ , _____ **Birthdate:** _____

Date Completed: _____ MRN: _____

Gender:	First and Last Name:	Current Age If Living	Age at Death If Deceased	List this person's health problems and/or cause of death: At what age were diagnosed (approx.)? If no health problems, please write "Healthy"
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				
Male ☐ Female ☐				

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Family History - Patient's Mother's Relatives

Patient Name (Last, First) : _____ , _____ **Birthdate:** _____

Date Completed: _____ MRN: _____

Relationship:	First and Last Name:	Current Age If Living	Age at Death If Deceased	List this person's health problems and/or cause of death: At what age were diagnosed (approx.)? If no health problems, please write "Healthy"
Mother's Father				
Mother's Mother				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				
Her Brother ☐ Her Sister ☐				

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Family History - Patient's Father's Relatives

Patient Name (Last, First) : _____ , _____ **Birthdate:** _____

Date Completed: _____ MRN: _____

Relationship:	First and Last Name:	Current Age If Living	Age at Death If Deceased	List this person's health problems and/or cause of death: At what age were diagnosed (approx.)? If no health problems, please write "Healthy"
Father's Father				
Father's Mother				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				
His Brother ☐ His Sister ☐				

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Family History - General Family Background

Patient Name (Last, First) : _____ , _____ **Birthdate:** _____

Date Completed: _____ MRN: _____

We are asking these questions because certain hereditary conditions are more or less common depending on your family's ethnic and religious background. If you are not comfortable answering these questions, feel free to skip them and we can discuss this further at your appointment.

Mother's Mother's Religion

- ☐ Baptist
- ☐ Catholic
- ☐ Christian
- ☐ Episcopalian
- ☐ Greek Orthodox
- ☐ Jewish
- ☐ Lutheran
- ☐ Methodist
- ☐ Presbyterian
- ☐ Protestant
- ☐ Unknown
- ☐ Do not wish to specify

Other:_____

Mother's Mother's Ethnicity

- ☐ African-American
- ☐ Asian
- ☐ Austrian
- ☐ British
- ☐ Czechoslovakian
- ☐ Danish
- ☐ Dutch
- ☐ Eastern European
- ☐ English
- ☐ European
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Hispanic
- ☐ Hungarian
- ☐ Indian
- ☐ Irish
- ☐ Italian
- ☐ Lithuanian
- ☐ Native American
- ☐ Norwegian
- ☐ Pennsylvania Dutch
- ☐ Polish
- ☐ Russian
- ☐ Scottish
- ☐ Swedish
- ☐ Swiss
- ☐ Unknown
- ☐ Welsh
- ☐ Western European
- ☐ Do not wish to specify

Other:_____

Mother's Father's Religion

- ☐ Baptist
- ☐ Catholic
- ☐ Christian
- ☐ Episcopalian
- ☐ Greek Orthodox
- ☐ Jewish
- ☐ Lutheran
- ☐ Methodist
- ☐ Presbyterian
- ☐ Protestant
- ☐ Unknown
- ☐ Do not wish to specify

Other:_____

Mother's Father's Ethnicity

- ☐ African-American
- ☐ Asian
- ☐ Austrian
- ☐ British
- ☐ Czechoslovakian
- ☐ Danish
- ☐ Dutch
- ☐ Eastern European
- ☐ English
- ☐ European
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Hispanic
- ☐ Hungarian
- ☐ Indian
- ☐ Irish
- ☐ Italian
- ☐ Lithuanian
- ☐ Native American
- ☐ Norwegian
- ☐ Pennsylvania Dutch
- ☐ Polish
- ☐ Russian
- ☐ Scottish
- ☐ Swedish
- ☐ Swiss
- ☐ Unknown
- ☐ Welsh
- ☐ Western European
- ☐ Do not wish to specify

Other:_____

Father's Mother's Religion

- ☐ Baptist
- ☐ Catholic
- ☐ Christian
- ☐ Episcopalian
- ☐ Greek Orthodox
- ☐ Jewish
- ☐ Lutheran
- ☐ Methodist
- ☐ Presbyterian
- ☐ Protestant
- ☐ Unknown
- ☐ Do not wish to specify

Other:_____

Father's Mother's Ethnicity

- ☐ African-American
- ☐ Asian
- ☐ Austrian
- ☐ British
- ☐ Czechoslovakian
- ☐ Danish
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- ☐ European
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Hispanic
- ☐ Hungarian
- ☐ Indian
- ☐ Irish
- ☐ Italian
- ☐ Lithuanian
- ☐ Native American
- ☐ Norwegian
- ☐ Pennsylvania Dutch
- ☐ Polish
- ☐ Russian
- ☐ Scottish
- ☐ Swedish
- ☐ Swiss
- ☐ Unknown
- ☐ Welsh
- ☐ Western European
- ☐ Do not wish to specify

Other:_____

Father's Father's Religion

- ☐ Baptist
- ☐ Catholic
- ☐ Christian
- ☐ Episcopalian
- ☐ Greek Orthodox
- ☐ Jewish
- ☐ Lutheran
- ☐ Methodist
- ☐ Presbyterian
- ☐ Protestant
- ☐ Unknown
- ☐ Do not wish to specify

Other:_____

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- ☐ Dutch
- ☐ Eastern European
- ☐ English
- ☐ European
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- ☐ Indian
- ☐ Irish
- ☐ Italian
- ☐ Lithuanian
- ☐ Native American
- ☐ Norwegian
- ☐ Pennsylvania Dutch
- ☐ Polish
- ☐ Russian
- ☐ Scottish
- ☐ Swedish
- ☐ Swiss
- ☐ Unknown
- ☐ Welsh
- ☐ Western European
- ☐ Do not wish to specify

Other:_____