Patient Name: ______________________________ D.O.B.______________ Today's Date: ______________

Personal Medical History - Male

Directions: Please answer the following questions to the best of you knowledge. Please call us at 1-800-251-0097 if you need help filling out this form, we would be happy to answer any questions.

1. What is your date of birth? __________________. What is your current age? ________________.
2. Have you ever had cancer? o yes o no. IF yes, list the type of cancer(s) you have had, the age when it was first diagnosed, and the treatment for that cancer. IF no, go to question 3.

Type of cancer (specific name if known)	Age at diagnosis	Treatment

3. What kinds of cancer screening (if any) do you do and how often? Any unusual results (besides any cancers listed above? ____.
4. Have you ever had any polyps in your colon? o yes o no o never had screening

   If yes, how many? ___________. What age(s) were they found? ___________.
5. Has anyone else in your family ever had polyps in their colon? o yes o no

   If yes, who had polyps, how many did they have, and at what age were they found? __________
   ____.
6. Has anyone in your family had a benign breast tumor? o yes o no
7. Have any children in your family been diagnosed with ataxia-telangiectasia? o yes o no.
8. Does anyone in your family have "Cowden's disease" or hamartomas (that you know of)? o yes o no
9. Have you are anyone in your family been told by a skin doctor, eye doctor, or other health-care professional that they have unusual findings? o yes o no.

   If yes, please explain. ____.
10. Has anyone in your family ever had genetic testing for cancer-susceptibility genes (that you know of)?

    o yes o no. If yes, what gene or genes? ____.
11. Sometimes people don't have cancer but have a "pre-cancerous" condition or syndrome that could lead to cancer. Have you or anyone in your family ever been told you have a condition like that? Please indicate who and what they had (i.e. dysplastic nevi (abnormal moles), suspicious biopsy, neurofibromatosis, Gardner's syndrome). ____

____.

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12. Sometimes people have surgeries to remove organs that could get cancer. If you or any of your immediate relatives have had such surgeries before cancer (prophylactic surgery), please list below (i.e. hysterectomy (uterus), oophorectomy (ovaries), mastectomy (breasts), colectomy (colon), thyroidectomy (thyroid)):

First name/initials	Relationship to you	Type of surgery	Age at surgery

13. Are any of your relatives of Jewish ancestry? o yes o no
14. Are any of your relatives of French-Canadian ancestry? o yes o no
15. Are any of your relatives of Norwegian ancestry? o yes o no
16. Are any of your relatives of Icelandic ancestry? o yes o no
17. Are any of your relatives of Finnish ancestry? o yes o no
18. What country or countries are your ancestors from (ethnic/racial background)?

    Mother's mother's family ____.

    Mother's father's family ____.

    Father's mother's family ____.

    Father's father's family ____.

19. Is there anything else about your personal history or your family history that you would like us to know? Please use the space below to explain any of the above answers or for any comments.

Thank you!