

Patient's Name _____

Date _____

Did you or any member of your family ever have a...

(Please circle all that apply)

Diagnosis of breast cancer before age 50?

You Brother/Sister Mother/Father Child Other

Diagnosis of ovarian cancer at any age?

You Brother/Sister Mother/Father Child Other

Diagnosis of colon/rectal cancer?

You Brother/Sister Mother/Father Child Other

If YES to above, has any other family members had colon/rectal cancer?

Yes No

Diagnosis of other cancer?

You Brother/Sister Mother/Father Child Other

If YES to above, has any other family members had cancer?

Yes No

Heart disease before age 55?

You Brother/Sister Mother/Father Child Other

Blood clot or clotting problem?

You Brother/Sister Mother/Father Child Other

Problem with having too much iron in their blood (hemochromatosis)?

You Brother/Sister Mother/Father Child Other

Complication during pregnancy such as pre-eclampsia (toxemia), stillbirth or fetal growth problems?

You Brother/Sister Mother/Father Child Other

Child born with a birth defect such as neural tube defects, cleft lip/palate etc?

You Brother/Sister Mother/Father Child Other

To arrange for a consultation or to obtain further information, please call the **Adult Onset Genetic Disease Program at The University Hospital** (973) 972-7859 or visit www.TheUniversityHospital.com/adultgenetics