Clinical History Questionnaire

PATHWAY GENOMICS®

Patient Name: _____ **Date of Birth:** _____

Have you ever been diagnosed with cancer? ☐ Yes ☐ No **Purpose for testing:** _____

Are you of Ashkenazi Jewish decent? ☐ Yes ☐ No **Ethnicity:** ☐ African ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

Family History | Do you have any family members who have been diagnosed with cancer? ☐ Yes ☐ No

Maternal	Paternal	Relationship	First/Second Degree	Cancer or Polyp History	Previous Genetic Testing (Positive/Negative)	Age at diagnosis
☐	☑	(Example) Female Cousin	First Degree	Colon cancer	Lynch Testing - Negative	62
☐	☐	Mother				
☐	☐	Father				
☐	☐					
☐	☐					
☐	☐					
☐	☐					

Previous Genetic Testing | ☐ Yes (please attach results) ☐ No

☐ Hereditary Breast and Ovarian Cancer gene testing (BRCA1/2 gene testing) Result: _____

☐ Lynch Syndrome gene testing (MLH1, MSH2, MSH6, PMS2, EPCAM) Result: _____

☐ Other hereditary cancer testing: Gene: _____ Result: _____

Patient History (personal history of cancer) | If you have not been diagnosed with cancer stop here

Personal History Of:	Age At Diagnosis	Details
☐ Breast Cancer		
☐ Ovarian Cancer		
☐ Colon Cancer		
☐ Polyps		
☐ Pancreatic Cancer		
☐ Prostate Cancer		
☐ Melanoma		
☐ Endometrial Cancer		
☐ Other Cancer		

Personal History Of:	Date of Procedure	Details
☐ Bone Marrow Transplant		
☐ Stem Cell Transplant		
☐ Blood Transfusion		
☐ Other Transfusion		