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Dynacare®

Health History Form

PATIENT INFORMATION

Last Name: _____ Date of birth: _____ (Year/Month/Day)

First Name: _____

1. What is your ancestry? (check all that apply)

- ☐ Asian
  - ☐ Chinese
  - ☐ Japanese
  - ☐ Filipino
  - ☐ Hawaiian
  - ☐ Other Pacific Islander
  - ☐ Other Asian
- ☐ African
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Unknown
- ☐ Other: _____

2. Are you of Ashkenazi Jewish descent?

☐ Yes ☐ No ☐ I don't know

3. Why are you having genetic testing done?

- ☐ Learn if my family history of cancer is hereditary
- ☐ Learn if my personal history of cancer is hereditary
- ☐ Learn if I carry a mutation known to run in my family
- ☐ I'm curious to know more about my genetics

4. Have you had cancer before?

☐ No ☐ Yes (please select which type):

- ☐ Breast cancer Age at diagnosis: _____
  - ☐ Bilateral or multiple primaries in same breast
- ☐ Male Breast cancer Age at diagnosis: _____
- ☐ Ovarian/Fallopian tube/ primary peritoneal cancer Age at diagnosis: _____
- ☐ Colon (colorectal) cancer Age at diagnosis: _____
- ☐ Uterine (endometrial) cancer Age at diagnosis: _____
- ☐ Stomach (gastric) cancer Age at diagnosis: _____
- ☐ Melanoma Age at diagnosis: _____
- ☐ Prostate cancer Age at diagnosis: _____
- ☐ Pancreatic cancer Age at diagnosis: _____
- ☐ Other: _____ Age at diagnosis: _____

5. Have you had a hematological malignancy (for example, leukemia, lymphoma, or multiple myeloma)?

☐ No ☐ Yes (please complete the following):

- ☐ I am in active treatment
- ☐ I have been in remission for _____ years.

6. Have you ever had a bone marrow transplant?

☐ No ☐ Yes If yes, was the transplanted bone marrow your own? ☐ Yes ☐ No

7. Have you had a blood transfusion in the week before providing your Color sample? ☐ Yes ☐ No

8. Please provide the cancer history for your <u>biological</u> relatives in the table below:

Mother	Mother's mother
Father	Mother's father
Sister	Mother's sister
Brother	Mother's brother
Half-sister	Father's mother
Half-brother	Father's father
Daughter	Father's sister
Son	Father's brother

Relative	Type of Cancer	Age at Diagnosis

9. Have you or any biological relatives been previously identified to carry a mutation?

☐ No ☐ Yes If yes, please include a copy of a test report with the known mutation with this form.