



Genetic Counseling Service

75 Claremont Rd, Suite 206

Bernardsville, NJ 07926

908-766-2800

Deafness or hearing loss before or at the age of 40.		
Birth Defects <i>(ex. Cleft lip/palate-opening in lip and/or roof of mouth, heart defects, opening in skull, opening in the spine)</i>		
Any infants in need of surgery after birth?		
Two or more pregnancy losses		
Stillborn, Infant or childhood death		
Carrier of a known genetic condition <i>(not affected by the disease but carry a mutation)</i>		
Mental Retardation/Developmental Delays/Autism		
Heart Problems <i>(Pace maker, shortness of breath, frequent fainting)</i>		
Sudden Death <i>(Anyone who seemed healthy and then suddenly passed away)</i>		

HEREDITARY CANCER

BREAST AND OVARIAN CANCER			
	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Breast cancer before the age of 60			
Ovarian cancer			
Two primary (unrelated) breast cancers in the same person			
Triple negative breast cancer (ER-, PR-, HER2-pathology)			
Male breast cancer			
Pancreatic cancer			
Two primary (unrelated) cancers in the same person <i>Please specify</i>			

Patient Signature _____ Date: ____ / ____ / ____



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<i>which types</i>			
COLON OR UTERINE CANCER			
	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Uterine (endometrial cancer) before the age of 50			
Colorectal cancer before the age of 50			
Ovarian, stomach, kidney/urinary tract, brain or small bowel cancer.			
Two or more of the above mentioned cancers in the same person			
10 or more colon polyps			
Soft tissue sarcomas (cancer of the fat, muscle, nerves, fibrous tissues, blood vessels, or deep skin tissues)			
Osteosarcoma (cancer of the bones)			
MELANOMA (Skin Cancer)			
	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Two or more melanomas in an individual			
Melanoma and another cancer discussed in this family history form			
Melanoma and pancreatic cancer in the same person			

Have you or any member of your family ever had genetic testing for a hereditary cancer syndrome? *Please specify which test and the results- bring these results in during your session.* _____

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Please list any cancers that have occurred in your or your family members that have not been mentioned above _____

Is there anything we have not asked about your family history that you think is significant? _____

Patient Signature _____ Date: ____/____/____