Cancer Genetics: New Patient Intake

Welcome to the Cancer Genetics program at Walter Reed National Military Medical Center. We look forward to participating in your care. In preparation for your appointment, we ask that you please complete the attached family history questionnaire. **It is important that you return this paperwork at least 1 week prior to the date of you Cancer Genetics visit.** Completing this paperwork will give us the opportunity to move forward with any specialized send-out genetic testing that may be indicated if you decide you want to do so at the conclusion of your appointment.

Ways to receive and return new patient intake paperwork:

1) **MHS Genesis Portal:**
   MHS Genesis patient portal can be used to send secure messages to our clinic (or your specific Genetic Counselor) electronically. This HIPAA-compliant method is considered to be more secure than the standard email message. To use this option, please register at https://my.mhsgenesis.health.mil/pages/home. Once there, navigate to the "Messaging" tab and click on "Send a message". Send the message to "Walter Reed Cancer Genetics Clinic" and attach the completed intake paperwork and any relatives' prior genetic test results if applicable.

2) **Drop-off in Person:**
   If you plan to be at Walter Reed at least a week prior to your Cancer Genetics appointment, you can drop your forms off in person if you'd prefer. See next page for directions to the clinic. Please inform the front desk staff that you are there to drop off your intake form, and they will put the paperwork in our mailbox.

3) **Fax:**
   Our fax number is 301-295-9076. A fax coversheet is provided on the last page of this packet for your convenience. If you decide to send your paperwork via fax, we recommend that you call and inform a Genetic Counselor that you have done so in order to ensure it was received.

J. Fitzpatrick Doyle, MS, CGC
Genetic Counselor
Phone: 301-319-3892
Email: joseph.f.doyle31.civ@health.mil

Impana Shetty, MS, CGC
Genetic Counselor
Phone: 301-295-2844
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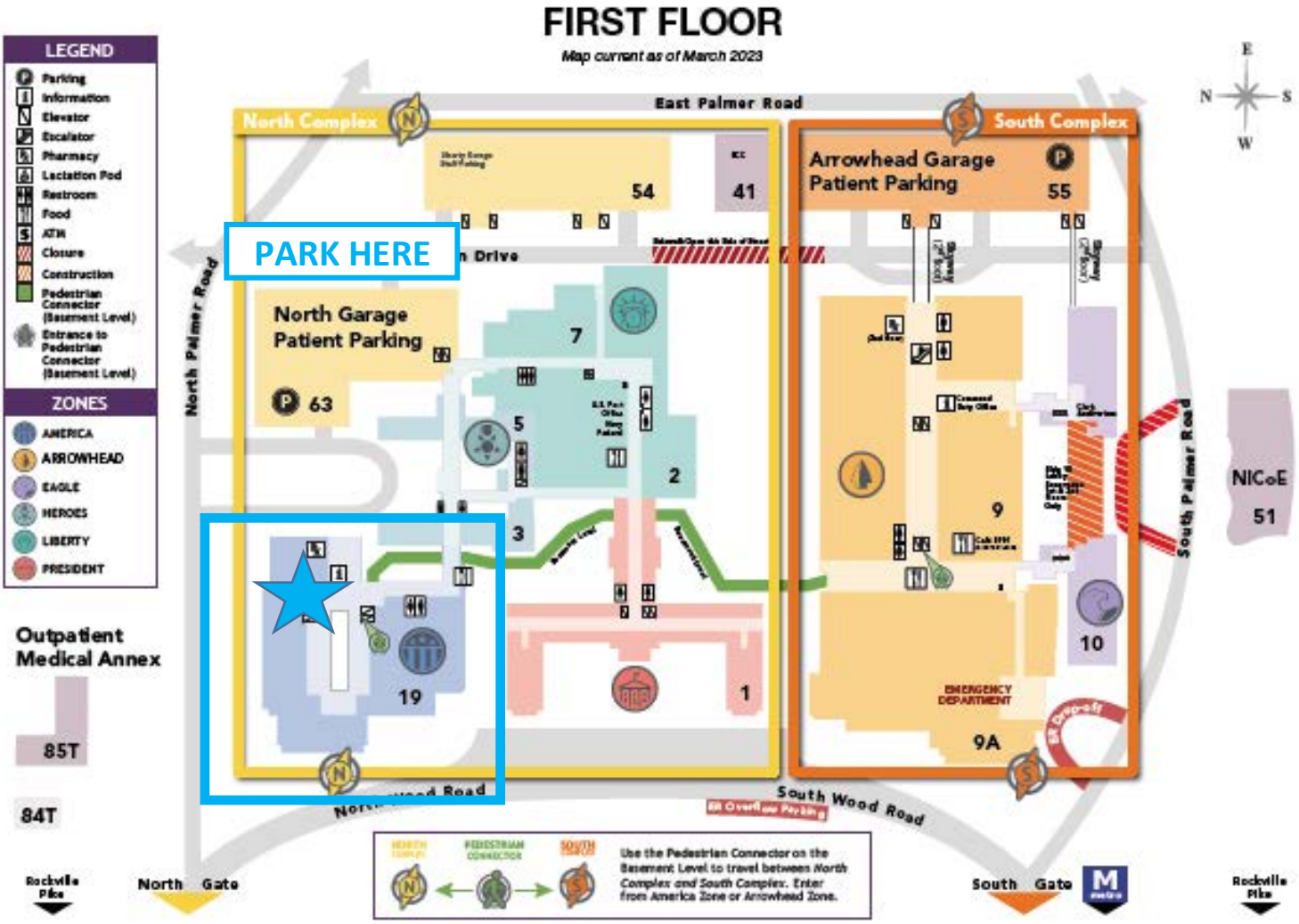
To cancel or reschedule appointment call the Breast Care Center:
301-295-3899 ; Opt 4 ; Opt 1

Cancer Genetics Clinic Location



America Building, 3rd Floor

Check-in at the Breast Care Center Front Desk

Instructions for the Family History Questionnaire

The attached form is a fillable PDF that you can type directly into using your computer (click "enable all features" in the yellow bar at the top of your window). Alternatively, you can print it out and complete by hand. **Remember to include both relatives who have had cancer in the past AND relatives who have never had cancer**.

If you have any additional questions while completing your intake form, don't hesitate to reach out to one of our Genetic Counselors for assistance.

FAQ about the Family History Form:

Why do I need to list family members that have never had cancer?
Having information about the history of the entire family assists us in observing any patterns that might be present and helps us to determine our level of suspicion for the presence of specific hereditary cancer predisposition syndromes.

What if I was raised by my stepparent, or if my relative was adopted?
Please clearly indicate family members that are adopted. When completing the "Maternal" and "Paternal" family history pages, please focus on biological family members (aka your "birth family").

What do I write under "Relationship to You?"
In the "Relationship to You" column, you can click the small gray box with the arrow in order to select an option. If you are completing by hand, examples of "Relationships" include "Son", "Full sister", "Paternal half-brother", "Aunt", etc. In the section that asks if you there are any additional relatives with a history of cancer, try to be as specific as possible when describing how the person was related to you and include the person's gender (ex: "aunt's daughter" or "grandmother's brother").

What if I don't know what type of cancer my relative had?
Knowing the type of cancer that has affected members of your family will help us to know which hereditary cancer risk syndromes we should be looking for when we consider genetic testing options. For example, if you aren't sure if your relative's cancer started in the uterus or the ovaries, if you can reach out to family members that may know more it would be helpful to do so. However, we know that sometimes this information is not available. Complete the form to the best of your ability (aka: "colon or stomach") and indicate the areas in which you are uncertain.

What if I don't know how old my relative was when he or she was diagnosed?
Knowing the age of diagnosis does impact our level of suspicion for specific hereditary cancer risk syndromes, so if you are able to obtain any more information from relatives about an individual's age of diagnosis it's always helpful to do so. However, if you are unsure about specific ages, try to provide an age range to the best of your ability (aka: "early 40's", "60s-70s", etc).

What if my relative's cancer spread to other parts of the body?
When possible, please try to include only the "primary" or "original" cancer site. For example, if someone had breast cancer that spread to the lung, you only need to write "breast cancer". However, if there were two separate developments of new cancers, please indicate both. If you are unsure, feel free to indicate that on the form.

Family History Questionnaire

Cancer Genetics Services

Walter Reed National Military Medical Center

Name: _____ DOB: _____ Age: ___ DOD ID: _____

Please list all of your **biological (blood) relatives** below, including those who have not had cancer. You may not know the answer to every question. If you're unsure about something, give your best guess and/or put a question mark (?) next to it. It may be helpful to contact family members who know additional information, but if that's not possible we will do our best with the information we have. If you have any questions, don't hesitate to contact us.

Under "Type of Cancer":

Please indicate cancer site and type if known (ex: bilateral invasive ductal breast cancer).
Include **only the primary site of the cancer**, not metastatic sites (for example, if an individual was diagnosed with colon cancer that spread to the liver, you only need to list colon cancer).

Have you or one of your family members ever had a genetic test in the past? ☐ Yes ☐ No

Relationship to you (self, sister, etc): _____

Name of test: _____ Results: _____

Ordering doctor/facility (if known): _____ Date (approx.): _____

Would it be possible to obtain a copy of the test results? ☐ Yes ☐ No ☐ Maybe

Previous test results are often **extremely useful** during a genetics assessment. If you are able to obtain a copy of your or your family member(s) test results, please mail them to your genetics provider or fax them to their attention at 301-295-9076.

Do you have any children? ☐ Yes ☐ No *(if no, skip this section)* Total # of sons: ___ Total # of daughters: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
1.		☐ L ☐ D		☐ Y ☐ N		
2.		☐ L ☐ D		☐ Y ☐ N		
3.		☐ L ☐ D		☐ Y ☐ N		
4.		☐ L ☐ D		☐ Y ☐ N		
5.		☐ L ☐ D		☐ Y ☐ N		
6.		☐ L ☐ D		☐ Y ☐ N		
7.		☐ L ☐ D		☐ Y ☐ N		
8.		☐ L ☐ D		☐ Y ☐ N		
9.		☐ L ☐ D		☐ Y ☐ N		
10.		☐ L ☐ D		☐ Y ☐ N		
11.		☐ L ☐ D		☐ Y ☐ N		
12.		☐ L ☐ D		☐ Y ☐ N		
13.		☐ L ☐ D		☐ Y ☐ N		
14.		☐ L ☐ D		☐ Y ☐ N		
15.		☐ L ☐ D		☐ Y ☐ N		

Name: _____ DOD ID: _____

Do you have any <u>siblings</u>? ☐ Yes ☐ No *(if no, skip this page)* Total # of brothers: ___ Total # of sisters: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
16.		☐ L ☐ D		☐ Y ☐ N		
17.		☐ L ☐ D		☐ Y ☐ N		
18.		☐ L ☐ D		☐ Y ☐ N		
19.		☐ L ☐ D		☐ Y ☐ N		
20.		☐ L ☐ D		☐ Y ☐ N		
21.		☐ L ☐ D		☐ Y ☐ N		
22.		☐ L ☐ D		☐ Y ☐ N		
23.		☐ L ☐ D		☐ Y ☐ N		
24.		☐ L ☐ D		☐ Y ☐ N		
25.		☐ L ☐ D		☐ Y ☐ N		
26.		☐ L ☐ D		☐ Y ☐ N		

Do you have nieces or nephews? ☐ Yes ☐ No *(if no, skip this section)* Total # of nieces: ___ Total # of nephews: ___

Relationship to You	First Name / Initials	Child of (name or # above)	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
27.			☐ L ☐ D		☐ Y ☐ N		
28.			☐ L ☐ D		☐ Y ☐ N		
29.			☐ L ☐ D		☐ Y ☐ N		
30.			☐ L ☐ D		☐ Y ☐ N		
31.			☐ L ☐ D		☐ Y ☐ N		
32.			☐ L ☐ D		☐ Y ☐ N		
33.			☐ L ☐ D		☐ Y ☐ N		
34.			☐ L ☐ D		☐ Y ☐ N		
35.			☐ L ☐ D		☐ Y ☐ N		
36.			☐ L ☐ D		☐ Y ☐ N		
37.			☐ L ☐ D		☐ Y ☐ N		
38.			☐ L ☐ D		☐ Y ☐ N		
39.			☐ L ☐ D		☐ Y ☐ N		
40.			☐ L ☐ D		☐ Y ☐ N		

Name: _____ DOD ID: _____

Your Mother's Side of the Family

Mother's ethnic background /ancestry *(ex: German, African American, Mexican):* _____

Does she have any Ashkenazi Jewish ancestry? ☐ Yes ☐ No If yes, on which side: _____

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
Mother		☐ L ☐ D		☐Y ☐ N		
Mother's Mother		☐ L ☐ D		☐Y ☐ N		
Mother's Father		☐ L ☐ D		☐Y ☐ N		

Does your mother have siblings? ☐ Yes ☐ No *(if no, skip)* Total # of your maternal aunts: ___ Total # maternal uncles: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
41.		☐ L ☐ D		☐Y ☐ N		
42.		☐ L ☐ D		☐Y ☐ N		
43.		☐ L ☐ D		☐Y ☐ N		
44.		☐ L ☐ D		☐Y ☐ N		
45.		☐ L ☐ D		☐Y ☐ N		
46.		☐ L ☐ D		☐Y ☐ N		
47.		☐ L ☐ D		☐Y ☐ N		
48.		☐ L ☐ D		☐Y ☐ N		
49.		☐ L ☐ D		☐Y ☐ N		
50.		☐ L ☐ D		☐Y ☐ N		
51.		☐ L ☐ D		☐Y ☐ N		

Does your mother have any other relatives who have had cancer? ☐ Yes ☐ No *(if no, skip this section)*

Relationship to You (Ex: Grandmother's sister, Number 42's son, Aunt Kay's daughter)	First Name / Initials	Living or Deceased	Current Age (or age of death)	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
52.		☐ L ☐ D			
53.		☐ L ☐ D			
54.		☐ L ☐ D			
55.		☐ L ☐ D			

Additional Comments:

Name: _____ DOD ID: _____

Your Father's Side of the Family

Father's ethnic background /ancestry *(ex: German, African American, Mexican):* _____

Does he have any Ashkenazi Jewish ancestry? ☐ Yes ☐ No If yes, on which side: _____

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
Father		☐ L ☐ D		☐Y ☐ N		
Father's Mother		☐ L ☐ D		☐Y ☐ N		
Father's Father		☐ L ☐ D		☐Y ☐ N		

Does your father have siblings? ☐ Yes ☐ No *(if no, skip)* Total # of your paternal aunts: ___ Total # paternal uncles: ___

Relationship to You	First Name / Initials	Living or Deceased	Current Age (or age of death)	Had Cancer?	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
56.		☐ L ☐ D		☐Y ☐ N		
57.		☐ L ☐ D		☐Y ☐ N		
58.		☐ L ☐ D		☐Y ☐ N		
59.		☐ L ☐ D		☐Y ☐ N		
60.		☐ L ☐ D		☐Y ☐ N		
61.		☐ L ☐ D		☐Y ☐ N		
62.		☐ L ☐ D		☐Y ☐ N		
63.		☐ L ☐ D		☐Y ☐ N		
64.		☐ L ☐ D		☐Y ☐ N		
65.		☐ L ☐ D		☐Y ☐ N		
66.		☐ L ☐ D		☐Y ☐ N		

Have any of your father's other relatives been diagnosed with cancer? ☐ Yes ☐ No *(if no, skip this section)*

Relationship to You (Ex: Grandmother's sister, Number 56's son, Aunt Kay's daughter)	First Name / Initials	Living or Deceased	Current Age (or age of death)	Type of Cancer *(Primary cancer site only, not metastatic sites)*	Age at Diagnosis
67.		☐ L ☐ D			
68.		☐ L ☐ D			
69.		☐ L ☐ D			
70.		☐ L ☐ D			

Additional Comments:

Cancer Genetics Intake – Personal History

Personal Information Pronouns used: ☐ he/him ☐ she/her ☐ they/them ☐ other: _____

Name: _____ DOB: _____
First and Last (Maiden/Other names used)

DOD ID number: _____ Email address: _____ Phone: _____

Your Cancer History

Have you ever been diagnosed with cancer? ☐ **Yes** ☐ **No**

If yes, please describe below:

Age at Diagnosis	Cancer Type	Treatment	Did the cancer spread to other parts of the body? If so, where?	Was there a recurrence? If so, list location and age.

Height: _____ **Weight:** _____

Gynecologic History *(if applicable):*

How old were you when you had your first menstrual period? _____

How many times have you been pregnant (including miscarriages and abortions)? _____

How old were you when your first child was born? _____

Have you ever used birth control pills or patches? ☐ Yes ☐ No *(select one)*

If yes, what is the total number of years you used this type of birth control: _____

What is your menopausal status? ☐ Premenopausal ☐ In menopause now ☐ Postmenopausal; age at menopause: ____

Have you ever been on hormone replacement therapy? ☐ Yes ☐ No

If yes, for how long? _____

Have you had any of the following surgically removed? (please select)

Uterus:
- ◯ Yes, full hysterectomy (removed cervix)
- ◯ Yes, partial hysterectomy (cervix intact)
- ◯ No

Ovaries:
- ◯ Yes, both ovaries
- ◯ Yes, one ovary
- ◯ No

Fallopian Tubes:
- ◯ Yes, both Fallopian tubes
- ◯ Yes, one Fallopian tube
- ◯ No

If yes, why were they removed _____

Cancer Screening History

Breast Cancer Screening *(write N/A if never performed):*

When was your most recent mammogram? (year and month if known) _____

Have you ever had a breast MRI? ☐ **Y** ☐ **N**

If yes, when? _____

Have you ever had a breast biopsy? ☐ **Y** ☐ **N**

How many were normal? _____ ☐ Don't know

How many were "atypical ductal hyperplasia (ADH)"? _____ ☐ Don't know

How many were "lobular carcinoma in situ (LCIS)" or "lobular neoplasia"? _____ ☐ Don't know

If possible, please provide additional details below (approximate date of procedure, the hospital, etc)

_____

_____

Colon and Gastrointestinal Cancer Screening *(write N/A if never performed):*

Have you had a colonoscopy? ☐ Y ☐ N When was your most recent exam? _____

Have polyps been found? ☐ Y ☐ N Total number of polyps (if known): _____

How often do you have colonoscopies? _____

Please list details below (treatment facility, year, type(s) of polyps if known, etc):

_____

_____

_____

Have you had any other gastrointestinal cancer screening assessments? (ex: EGD) **Y** ☐ **N** ☐

If yes, please describe below (including procedure type, facility, year, and results if known):

_____

_____

When was your last Pap exam OR prostate screening? *(or N/A)* _____

When was your last skin/dermatology screening? *(or N/A)* _____

Have you ever had lesions (lumps or bumps) removed from your skin? ☐ **Y** ☐ **N**

If yes, please describe (finding, facility, year if known):

_____

_____

Social History

Do you drink alcohol? ☐ Y ☐ N

If yes, about how many drinks? _____ per ☐ week ☐ month

Do you smoke cigarettes? ☐ Yes, currently _____

☐ No, but in the past; quit _____

☐ No, never

*When you've completed your intake paperwork, please send it to your genetics provider. If you have had procedures performed at **civilian facilities** (ex: breast biopsy, colonoscopy), please do your best to obtain a copy and enclose it with your intake forms.*

From:

Phone:

FAX

TO: 301-295-9076

ATTN: Cancer Genetics

If known, please circle your Genetic Counselor:

J. Fitzpatrick Doyle, MS, CGC
Genetic Counselor
Phone: 301-319-3892
Email: joseph.f.doyle31.civ@health.mil

Impana Shetty, MS, CGC
Genetic Counselor
Phone: 301-295-2844
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Alexandra Bowen, MS, CGC
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CONFIDENTIAL

What to Expect at Your Cancer Genetics Visit

What is a genetic counselor?

A genetic counselor is a health professional who has a master's degree in medical genetics and counseling and is certified by the American Board of Genetic Counseling. A counselor can help you understand your risk for genetic disorders and equip you with the knowledge to make informed decisions about your family's health.

How long will the visit take?

Plan for your initial visit to last up to an hour.

What happens at a genetic counseling session?

During your appointment, your genetic counselor will:

- Review your personal medical history and create a detailed picture of your family tree.
- Explain what tests are available if your family history suggests you might be at risk for hereditary cancer risk syndrome.
- Help you understand the benefits and limitations of particular tests.
- Arrange genetic testing if you choose to pursue it.
- Explain your test results and discuss your options for further tests or preventive measures.

Genetics is a complex and rapidly advancing field, but your genetic counselor has the expertise and experience to help you navigate it. Many people find counseling helpful in allaying their anxiety and confusion about hereditary disease.

What a genetic counselor will not do:
A genetic counselor will not tell you what to do. The counselor's role is to provide you as much information as possible so that you can make your own decisions about your family's health. Your genetic counselor will be a source of support and reassurance but cannot provide long-term psychological care. He or she may be able to refer you to a support group or mental health professional, if appropriate. Your genetic counselor cannot prescribe medication or other therapies. Your genetic counselor will not disclose information about you without your consent. Genetic counseling sessions are confidential.

Do I need to fast before a genetic test?

No, fasting is NOT necessary before having genetic testing. Genetic testing is most often performed using a saliva sample or 1-2 small tubes of blood (2-5 mL).

If you have any additional questions about your upcoming visit, don’t hesitate to reach out to our genetic counseling team. We look forward to participating in your care.