Family History Questionnaire for Risk of Hereditary Colon Cancer

We are asking patients who are scheduled for a colonoscopy to complete a brief questionnaire to help identify those at risk for developing colon cancer. Various genetic syndromes have been identified which can predispose individuals to an increased risk for colon cancer. These syndromes are unusual and for the majority of patients there is no cause for concern. However, the consequences of missing one of these inherited conditions can be significant.

Please complete this form as accurately as possible. **Bring it with you to your scheduled procedure.**
If you have any questions, call the gastroenterology department at 952-993-3240.

Patient name			Date of birth	
Physician name			Date completed	

Indicate if (and at what age) you or any family member has had colon cancer or colon polyps.					
	Colon Cancer ▶	Age at diagnosis	**Colon Polyps** ▶ Number		Age at diagnosis
Yourself	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Mother	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Father	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Sister(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Brother(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Daughter(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Son(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Mother's Side					
Grandmother	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Grandfather	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Aunt(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Uncle(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Cousin(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Father's Side					
Grandmother	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Grandfather	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Aunt(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Uncle(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		
Cousin(s)	☐ No ☐ Yes ▶		☐ No ☐ Yes ▶		