Carlisle Digestive Disease Associates, Ltd. **Family History Medical Questionnaire**

Patient Name:_____ Date of Appointment: _____
Date of Birth:_____

Have any of your relatives/family members ever been diagnosed with any of the following cancers?:

	Relative/Family Member (Please specify maternal or paternal)	Age when Diagnosed
__ Colorectal cancer	_____	_____
__ Uterus/endometrial	_____	_____
__ Ovary	_____	_____
__ Stomach	_____	_____
__ Small bowel	_____	_____
__ Pancreas	_____	_____
__ Hepatobiliary (cholangiocarcinoma)	_____	_____
__ Renal pelvis (collecting system of kidney)	_____	_____
__ Ureter (tube that carries urine from kidney to bladder)	_____	_____
__ Urinary bladder	_____	_____
__ Brain	_____	_____

Have any of your relatives/family members had 10 or more colonic polyps removed or been diagnosed with colon cancer more than once?

__ Multiple (>10) colon polyps	_____	_____
__ Colon cancer more than once	_____	_____

Have any of your relatives/family members even been diagnosed with any of the following conditions?

Condition	Relative/Family Member
__ Colorectal polyps	_____
__ Barrett's esophagus	_____
__ Cancer of esophagus	_____
__ Celiac disease	_____
__ Ulcerative colitis	_____
__ Crohn's disease	_____
__ Diverticulitis	_____
__ Ulcers	_____
__ Cirrhosis	_____
__ Viral hepatitis	_____
__ Hemochromatosis	_____
__ Gallstones	_____
__ Gallbladder disease	_____