Hereditary Cancer Genetic Counseling Questionnaire

natera™

Patient Information

Last Name _____ First Name _____

Date of Birth _____ Age _____ Occupation _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Sex at birth: ☐ Male ☐ Female

Height (feet/inches) _____ Weight (pounds) _____

Referring Healthcare Provider

Healthcare Provider Name _____

Clinic Name _____

Street Address _____

City _____ State _____ Phone _____

Medical History

Do you have cancer or have you ever had a diagnosis of cancer? ☐ Yes ☐ No ☐ Unsure

If yes, please complete the below table with all primary cancer diagnoses.

Cancer type	Age at diagnosis	Additional information

Have you ever had polyps? ☐ Yes ☐ No ☐ Unsure

If yes, please complete the below table with all types of polyps.

Locations of polyps (e.g. colon, rectum, stomach, small bowel)	Polyp type	Number of polyps	Age at diagnosis

The following questions are for individuals that answered 'sex at birth: female'. If this is not applicable to you, please move on to the Cancer Screening section:

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

Have you given birth? ☐ Yes ☐ No If yes, how old were you when your first child was born? _____

Have you gone through menopause? ☐ Yes ☐ No ☐ Perimenopausal (ongoing) ☐ Unsure If yes, at what age? _____

Are you using or have you ever used the following?

Birth control pills ☐ Yes ☐ No ☐ Unsure If yes, for how long? _____

Chemoprevention (e.g. Tamoxifen) ☐ Yes ☐ No ☐ Unsure If yes, for how long? _____

Have you ever used hormone replacement therapy (HRT) such as estrogen or progesterone? ☐ Yes ☐ No ☐ Unsure

If yes, please answer the following questions:

What type? ☐ Estrogen only ☐ Estrogen & Progesterone (combined) ☐ Unknown

Are you currently using HRT? ☐ Yes ☐ No If no, how long ago did you stop? _____

How many years have you been using / did you use HRT? _____

If you have not had breast cancer, please complete the following questions:

Have you ever had a breast biopsy? ☐ Yes ☐ No ☐ Unsure If yes, how many? ☐ One ☐ Two or more

Cancer Screening History

Have you ever had a mammogram? ☐ Yes ☐ No ☐ Unsure If yes, how often? _____

Have you ever had a breast MRI? ☐ Yes ☐ No ☐ Unsure If yes, how often? _____

Have you ever had a colonoscopy? ☐ Yes ☐ No ☐ Unsure If yes, how often? _____

Any other cancer screenings and how often?

Family Background

Are you adopted? ☐ Yes ☐ No ☐ Unsure

Are you of Ashkenazi Jewish descent? ☐ Yes ☐ No ☐ Unsure

Please list any biological family members with cancer below. Include parents, children, siblings, aunts, uncles, first cousins, nieces, nephews, and grandparents.

Relative	Maternal/Paternal side of family (if relevant)	Relative's first name	Cancer type(s)	Age(s) at Diagnosis

Previous Testing Information

Have you or any relatives ever had genetic testing related to cancer? ☐ Yes ☐ No ☐ Unsure

If yes, which relative? _____ What was the result? ☐ Positive ☐ Negative ☐ Inconclusive

If positive, please specify the gene? _____

***Please include the genetic test report documenting the results.**

Patient Acknowledgement

I have read (or had someone read to me) the Genetic Counseling Patient Acknowledgement. The information provided in this form is correct and accurate to the best of my knowledge. Natera may use the information included herein to contact me for clinical follow-up, results, billing/collection matters and health-related products, services or studies.

_____ _____

Patient signature Date