



**Central  
Ohio  
General  
Surgeons**

Formerly Lancaster Surgical Associates  
General and Laparoendoscopic Surgery

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**FAMILY HISTORY QUESTIONNAIRE FOR CANCER RISK**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

IS YOUR FAMILY OF ASHKENAZI JEWISH DESCENT? (circle) Yes No

**INSTRUCTIONS:**

- Please enter in the boxes, the age of either you or your family member at the time of the cancer diagnosis. Also include if your family member is living or deceased from the cancer.
- If you made an entry in one or more boxes on this Family History Questionnaire, please ask your doctor to further assess your cancer history.

	Breast Cancer (age of diagnosis)	Ovarian Cancer (age of diagnosis)	Colorectal Cancer (age of diagnosis)	Endometrial Cancer (age of diagnosis)	Thyroid Cancer (age of diagnosis)	Other Cancer (age of diagnosis)
Yourself						
Your Brothers						
Your Sisters						
Your Children						
<b>Your MOTHER'S side of the family</b>						
Your Mother						
Your Aunts						
Your Uncles						
Your Cousins						
Your Grandparents						
<b>Your FATHER'S side of the family</b>						
Father						
Your Aunts						
Your Uncles						
Your Cousins						
Your Grandparents						