CHAND ROHATGI, M.D., F.A.C.S.
A PROFESSIONAL CORPORATION
THE BREAST CARE CENTER & GENERAL SURGERY PRACTICE
3735 NAZARETH ROAD, EASTON, PENNSYLVANIA 18045-1963
PHONE 610-252-1999 FAX 610-252-0573

Family History Questionnaire

Name: _____D.O.B: _____Phone: _____
Address: _____City:_____ State: _____ Zip Code: _____

Are you of Ashkenazi Jewish ancestry? Yes_____ No_____
Have any men in your family been diagnosed with breast cancer? Yes_____ No____
If yes, how is he related to you? _____
Do you have any additional family members with cancer? If yes, please explain_____

	Breast Cancer before 50	Breast Cancer after 50	Ovarian Cancer	Colon Cancer before 50	Colon Cancer after 50	Endometrial Cancer before 50	Endometrial Cancer after 50	Melanoma-multiple primary melanomas	Pancreatic Cancer	Other Cancers
Yourself										
Your Mother										
Your Father										
Your Sister(s)										
Your Brother(s)										
Your Daughter(s)										
Your Son(s)										
Mother's Side										
Grandmother										
Grandfather										
Aunt(s)										
Uncle (s)										
Cousin(s)										
Father's Side										
Grandmother										
Grandfather										
Aunt(s)										
Uncle (s)										
Cousin(s)										

***Updated Information is to be marked in appropriate box in red ink at time of yearly office visit, along with your initials in the space provided**

Date of Visit										
Patient Initials										
Physician Initials										