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## Family History Questionnaire for

### Common Hereditary Colon Cancer Syndromes

New Patients: Please mark below if there is a *personal or family history* of any of the following cancers. If yes, then indicate family relationship and *age of diagnosis* in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles and cousins.

Established Patients: Please mark below if your personal or family history has changes since your last appointment. If there has been no change please return this form to the secretary.

	You	Siblings/Children	Mother's Side	Father's Side
Polyps greater than 10				
Colon Cancer				
Rectal Cancer				
Uterine (Endometrial Cancer)				
Gastric Cancer (Stomach Cancer)				
Thyroid Cancer				
Other				