

Genetic Susceptibility to Prostate Cancer

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Please answer all questions the best that you can.

Your name _____ Phone # _____
Address _____ Today's date ____/____/____
_____ Birthdate ____/____/____
Urologist _____ Age _____
Urologist's Address _____
Name & address of someone who will always be able to contact you: _____

Have you been diagnosed with prostate cancer? Yes ___ No ___ If Yes, at what age? _____

Was your father diagnosed with prostate cancer? Yes ___ No ___ If Yes, at what age? _____
Is your father living? Yes ___ No ___ If No, at what age was his death? _____

Is your mother living? Yes ___ No ___ If Yes, how old is she now? _____ Yrs.

How many brothers and sisters do you have? Brothers ___ Sisters ___
How many of them are living? Brothers ___ Sisters ___

Were any of your brothers diagnosed with prostate cancer? Yes ___ No ___
If Yes, how many? _____ At what age(s)? _____, _____, _____, _____, _____
How many of your brothers with prostate cancer are still alive? _____

How many uncles do you have? Father's side ___ Mother's side ___
Were any of your father's brothers diagnosed with prostate cancer? Yes ___ No ___
If Yes, how many? _____ At what age(s)? _____, _____, _____, _____
How many with prostate cancer are still living? _____

Were any of your mother's brothers diagnosed prostate cancer? Yes ___ No ___
If Yes, how many? _____ At what age(s)? _____, _____, _____, _____
How many with prostate cancer are still living? _____

Was your father's father diagnosed with prostate cancer? Yes ___ No ___
If Yes, at what age? _____ Is he still living? Yes ___ No ___

Was your mother's father diagnosed with prostate cancer? Yes ___ No ___
If Yes, at what age? _____ Is he still living? Yes ___ No ___

Were any of your first cousins on your father's side diagnosed with prostate cancer? Yes ___ No ___
If Yes, at what age(s)? _____, _____, _____ How many with prostate cancer are living? _____

Were any of your first cousins on your mother's side diagnosed with prostate cancer? Yes ___ No ___
If Yes, at what age(s)? _____, _____, _____ How many with prostate cancer are living? _____

How many children do you have? Sons ___ Daughters ___
Have any of your sons been diagnosed with prostate cancer? Yes ___ No ___ If Yes, at what age(s)? _____, _____

What other cancer(s) run in your family? _____
Which family members were diagnosed with those cancers? _____

Have you or any family members been diagnosed with benign prostate enlargement (BPH)?
Yes ___ No ___
If Yes, please list. _____