Wolf Creek Surgeons

CANCER RISK PROFILE QUESTIONAIRRE

Feel free to fill this out and bring it in with you at the time of your appointment.

1) **Name:**
2) **Date of Birth:**
3) **Race (asked for genetics reasons)**
4) **Are you Jewish? (asked for genetics reasons):**
5) **Insurance: a. Primary**
   b. Secondary
6) **Weight: Height:**
7) **Your age at delivery of 1st child:**
8) **Menarche (your age at 1st menstrual cycle):**
9) **Menopausal stats: Pre Peri Post**
10) **Have you had your ovaries surgically removed?**
    If yes, at what age?:
11) **Have you used hormone replacement therapy?:**
    If yes, was it
    a) **Estrogen alone**
    b) **Combined**
    c) **Unknown**
12) **Number of previous biopsies? Were any abnormal?**
13) **Family history of cancer (please list relative(s) along with age at diagnosis and which type of cancer**

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Use additional sheets of paper if necessary