KAISER PERMANENTE

# Medical, Surgical and Family History Questionnaire
## for adults 18 and older

We appreciate you taking the time to complete this questionnaire**.** It can help you and your health care team to make decisions about your health care needs. **Kaiser Permanente values your privacy. We will keep all your answers confidential.** If you don't want to answer a question, feel free to leave it blank.

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| **Name:**<br>What's the main reason for your visit? | |
| **Medical and Surgical History** | |
| Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente that you haven't told us about in the past.<br>☐ None | **Provider or RN** Enter major illnesses, injuries, or conditions into PMH section or Problem List in Epic as appropriate. Enter major surgeries into PSH section in Epic. |
| Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year.<br>☐ None | |
| **Personal and Family History (those related to you by blood)** | |
| Do you have a personal or family history of breast cancer? ☐ Yes ☐ No ☐ Don't know<br>If YES, please describe (ie: you, which family member): | If **YES**, give Breast Cancer Risk Questionnaire **and complete Epic doc flowsheet (BCRQ)** |
| Did any of the following family members develop heart disease? Check all that apply.<br>☐ **Before age 55**: father, brother, or son ☐ None before age 55 ☐ Don't know<br>☐ **Before age 60:** mother, sister, or daughter ☐ None before age 60 ☐ Don't know | |
| Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer?<br>☐ **Yes** ☐ No | If YES: Consult GI. |
| Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following?<br>Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know<br>Colon polyps: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know<br>Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following?<br>Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know<br>If YES to either question above, please circle the relative(s) with the condition. | If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendations. |
| Do you have a personal or family history of ovarian cancer? ☐ **Yes** ☐ No ☐ Don't know<br>If YES, please describe (ie you, which family member): | If **YES**, give Breast Cancer Risk Questionnaire and complete Epic doc flowsheet (BCRQ). |

If you have NOT taken your online Health Profile in the past 6 months, please complete the Wellness Questionnaire. Thank you.

NOT TO BE FILED IN THE MEDICAL RECORD


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