

18640 E. 38th Terr. S.  
Independence, MO  
64057

# JACKSON COUNTY

Office:  
816-229-1191  
Fax:  
816-229-1198

206 N.W. Mock Ave.  
Suite 100  
Blue Springs, MO 64014

## GASTROENTEROLOGY

**Gregory M. Vardakis, DO Farid M. Namin, MD  
Johnna Bodenstab, FNP-BC Kathleen Steensma, FNP-C**

*Specializing in the Diagnosis and Treatment of Diseases of the  
Digestive Tract, Liver, Pancreas, and Gallbladder*

Jackson County Gastroenterology are pleased to announce, in continuing to improve our patients' experience, outcome, and cancer prevention we are evaluating your family history for concerning factors that will influence your medical management. By providing a comprehensive family history we can create a personalized medical management plan for you.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender(M/F):** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ **Primary Care Physician:** \_\_\_\_\_

This is a screening tool for cancers that run in families. The following family members should be documented: **You, Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-siblings, great grandparents and great grandchildren.** Circle the answer that applies:

Cancer <i>*age of diagnosis*</i>	You Age	Parents/siblings/children	Age	Relatives on mother's side	Age	Relatives on Father's side	Age
Breast Cancer							
Ovarian Cancer (peritoneal/fallopian tube)							
Uterine Cancer (endometrial)							
Colon/Rectal Cancer							
10 or more lifetime colorectal polyps (specify #)							
Other Cancers: circle Melanoma pancreatic stomach(Gastric) prostate, brain kidney, bladder, small bowel, sacroma							

- 1) Are you of Ashkenazi Jewish Descent? Yes or No
- 2) Are you concerned about your personal and/or family history of cancer? Yes or No
- 3) Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No  
If so, who and what was the result? \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Patient Watched Video** \_\_\_\_\_ **Patient agreed to testing** \_\_\_\_\_ **Patient declined testing; Why?** \_\_\_\_\_