

You have been referred to the Gastrointestinal Cancer Risk Evaluation Program (GI-CREP) to evaluate your personal and/or family history for hereditary risk for gastrointestinal cancers.

At your visit, you will be seen by a gastroenterologist specializing in hereditary cancer risk, as well as a genetic counselor. Your visit will include a discussion about screening and risk reduction options for you and your family members. We will also discuss whether genetic testing for hereditary cancer risk is an option for you or your relatives. Depending on your personal situation, you may also be offered participation in optional research studies.

Appointments in the Gastrointestinal Cancer Risk Evaluation Program are a part of a clinical service and will be billed as a specialist visit. Billing and insurance questions related to any genetic testing will be discussed at the visit after your evaluation. Please refer to the FAQ sheet for additional information.

APPOINTMENT LOCATION:

Perelman Center for Advanced Medicine – Gastroenterology
South Pavilion, Floor 4 – Take the “C” Elevators
3400 Civic Center Blvd., Philadelphia, PA 19104

If a family member has had previous cancer genetic testing, you will need to provide a copy of your relative’s genetic test report to our office. We may require a copy of this result before any genetic testing is conducted, regardless of whether this family member has tested positive OR negative for a gene mutation.

To ensure that your file is complete, if you have been diagnosed and/or have had gastrointestinal procedures *outside* of Penn Medicine, please obtain records of the following (if applicable):

1. Pathology reports associated with a cancer.
 2. Pathology reports and procedure reports from any colonoscopy and/or endoscopy. It is ideal to try to gather records on all scopes that have been completed in your lifetime.
 3. Pathology reports from any previous gastrointestinal surgery such as colectomy (colon resection), gastrectomy, hysterectomy, etc.
- **Any records/forms you wish to send in advance of your appointment (including this form) may be faxed (F: 215-349-5314, Attn GI-CREP) or emailed (GIGenetics@uphs.upenn.edu).**
 - If you do not have this information, we can assist in record collection after we obtain a signed Release of Information. We appreciate your patience during this process.

Our program wants to ensure that we provide you and family members the best service possible. For questions or concerns, you may contact the Gastroenterology Scheduling Line at 215-349-8222 and ask to speak to a member of the Genetics Staff. We look forward to meeting you!

**PLEASE COMPLETE THE *SECOND* PAGE OF THIS FORM
AND BRING TO YOUR APPOINTMENT.**

At your appointment, we will be asking you about your relatives, who had cancer, types of cancer in the family, and estimated ages of diagnosis. Please include any relatives with cancer, such as your grandparents, parents, siblings, aunts/uncles and/or first cousins (children of your aunts/uncles).

Please complete this form to the best of your ability. If you are unsure of a type of cancer or an age at diagnosis, you may wish to contact a relative or you may use your best guess.

If you have had any relatives with ten or more colon polyps, please note that as well.

YOUR NAME: _____ **YOUR DATE OF BIRTH:** ____/____/____

	Relatives with Cancer	Cancer Type (Location)	Age at diagnosis
<i>Mother's side of the family</i>	<i>Example:</i> Aunt	<i>Example:</i> Colon	<i>Example:</i> 40 (estimates are ok)
	Total number of Aunts: _____		
	Total number of Uncles: _____		
<i>Father's side of the family</i>			
	Total number of Aunts: _____		
	Total number of Uncles: _____		
<i>Siblings, Children, Nieces, Nephews, Other</i>			
	Total number of Siblings: _____		
	Total number of Children: _____		

If there is anything else about your family history that you feel is important, please list here: