

**PROSTATE***NOW*<sup>™</sup>**Family history form**

Patient First and Last name

D.O.B.

Physician Name

Race:

Have you or a family member  
had prior genetic testing?Have you been diagnosed with  
any of the following cancers?How old were you when you  
were diagnosed?Has anyone in your family been  
diagnosed with any other cancers?

Who has been diagnosed?

Specify

What side of your family?

What type of cancer?

Age of when he/she  
was diagnosed?

Did they die of their cancer?

If yes, at what age?

Has anyone in your family been  
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