

Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Age of First Period: _____ Age of First Child (if applicable): _____

Are You Menopausal: Yes or No Have you ever used Hormone Replacement Therapy? Yes or No

Has anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No

Please mark below if there is a **personal or family history** of any of the following cancers. If yes, then **indicate family relationship** AND **age at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

COLON AND UTERINE CANCER (Colaris)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
		<i>Example: Colon Cancer</i>		<i>Brother at 36</i>	<i>Aunt at 44</i>	<i>Grandfather at 65 Cousin at 58</i>
Y	N	Uterine (endometrial) cancer				
Y	N	Colon cancer				
Y	N	Ovarian, stomach, kidney/urinary tract, brain OR small bowel cancer				
Y	N	10 or more colon polyps found in a lifetime				

BREAST AND OVARIAN CANCER (BRCA)

Y	N	Breast cancer				
Y	N	Breast cancer in both breasts OR multiple primary breast cancers				
Y	N	Ovarian cancer				
Y	N	Male breast cancer				
Y	N	Are you of Ashkenazi Jewish descent?				

OTHER CANCERS

Y	N	Prostate Cancer (BRCA)				
Y	N	Pancreatic Cancer (Col/BRCA)				
Y	N	Melanoma (BRCA)				

Patient's Signature: _____ Date: _____

For Office Use Only:

Patient meets NCCN criteria for testing Yes No If Yes, HBOC or Lynch

Follow-up appointment scheduled: Yes No Date of Appointment: _____

Patient offered hereditary cancer testing? Yes No If Yes, ACCEPTED DECLINED

Health Care Provider's Signature: _____ Date: _____

BRCA- Personal or Family History

One person with: (out to 2nd degree)

- Breast (diagnosed ≤45)
- Ovarian any age
- Male breast any age
- Breast with Ashkenazi Jewish heritage any age
- Bilateral breast (diagnosed ≤50)
- Triple negative breast (diagnosed ≤60)

Two persons with: (out to 3rd degree)

- Breast Cancer age (2 diagnosed ≤50)
- Breast Cancer & Ovarian Cancer (any age)

Three Persons with: (out to 3rd degree)

- Breast and/or pancreatic and/or ovarian (any age)

Lynch*-

Personally affected:

Colon or Uterine Cancer (diagnosed <50) or dx at any age with another Lynch* cancer in person/family

Family History

- A 1st degree relative w/ CRC or Uterine cancer <50
- Two 1st/2nd degree relatives w/ Lynch tumor, any age

*Colon, uterine/endometrial, stomach, ovarian, brain, kidney, small bowel