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.

Example: Colon Cancer *Brother 36 yrs* *Aunt 44 yrs* *Grandfather 65 yrs* *Cousin 58 yrs*

BREAST AND OVARIAN CANCER (BRCA)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
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?				

COLON AND UTERINE CANCER (Colaris)

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				

OTHER CANCERS

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

Patient's Signature: _____ Date: _____

For Office Use Only:
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 Endometrial (diagnosed <50) or dx at any age with another Lynch* cancer in person/family

Family History
3 persons, 2 generations, 1 ≤50 with Lynch* cancers

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