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)				
Y	N	Melanoma (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 One Relative with:
-Breast (diagnosed <46)
-Ovarian any age (including 3RD DEGREE)
-Male breast any age (including 3RD DEGREE)
-Breast with Ashkenazi Jewish heritage any age
-Bilateral breast (diagnosed <50)
-Triple negative breast (diagnosed <60)

Two Relatives with:
-Breast Cancer age (1 diagnosed <50) (1st or 2nd degree)
-Breast Cancer & Ovarian Cancer (any age)

Three Relatives with:
Breast and/or pancreatic and/or ovarian (any age)

Lynch Personally affected:
Colon or Endometrial (diagnosed <50)

Two Relatives:
-Colon or Endometrial (1 under 50)

Three Relatives:
Colon, Endometrial, stomach, ovarian, brain, kidney, bowel (any age)