

Family History Questionnaire for Common Hereditary Cancer Syndromes

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

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

Are You Menopausal: Yes or No Have you ever used Hormone Replacement Therapy? Yes or No If Yes how long? _____

Please mark below if there is a **personal or family history** of any of the following cancers and **Indicate family relationship** and **AGE at diagnosis** in the appropriate column.

Consider 1st Degree Relatives=Mother/Father/Sister/Brother/Children

2nd Degree Relatives=Aunt/Uncle/Grandparent/Niece/Nephew 3rd Degree=Cousin/Great Grandparent/Great Aunt/Uncle

COLON AND UTERINE CANCER (COLARIS)			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Have YOU had Uterine (endometrial) cancer at any age				
Y	N	Uterine (endometrial) cancer before age 50 1st or 2 nd degree family members				
Y	N	Colorectal cancer before age 50 (in self, 1st or 2nd degree family members)				
Y	N	2 or more of the following cancers on the same side of the family: colon, uterine (endometrial), ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis. (please circle)				
Y	N	A family member with a known Lynch Syndrome mutation				

BREAST AND OVARIAN CANCER (BRACAnalysis)			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Breast cancer under the age of 50 (in self, 1st or 2nd degree family members)				
Y	N	Ovarian cancer at any age (in self, 1st or 2nd degree family members)				
Y	N	Two relatives on the same side of the family with breast cancer one under the age of 50				
Y	N	Three relatives on the same side of the family with Breast, Ovarian, Pancreatic and/or Prostate(gleason score>6) cancer at any age				
Y	N	Triple negative breast cancer under the age of 60 (receptor status negative for ER, PR and HER2)				
Y	N	Male breast cancer at any age				
Y	N	Breast or Pancreatic cancer at any age and of Ashkenazi Jewish heritage				
Y	N	A family member with a known BRCA mutation				
Y	N	A family member with a known Hereditary Cancer mutation				

Are you of Jewish descent? YES NO

Is there ANY OTHER CANCERS in you or any family members not listed above? If yes, please provide the family member's relationship to you, the site of their cancer and their age when they were diagnosed with cancer:

Patient's signature: _____

Today's Date: _____

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Patient is not appropriate for further risk assessment

Patient is appropriate for further risk assessment and/or genetic testing

Patient offered genetic testing: Accepted OR Declined (Decline Signature): _____

Follow-up appointment scheduled on _____