

# Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Have you had genetic testing for a hereditary cancer syndrome? Yes/ No If YES, who performed the test? \_\_\_\_\_

Has anyone in your family had genetic testing for a hereditary cancer syndrome? Yes/ No If YES, who \_\_\_\_\_

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 (circle one)				
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 offered hereditary cancer testing? YES NO If YES ACCEPTED DECLINED

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>BRCA-Personal or Family History</b>  <b>1 Person with: (1<sup>st</sup>/2<sup>nd</sup> Degree)</b>                      -Breast Cancer (Diagnosed ≤ 45)                      -Ovarian Cancer any age                      -Male breast cancer any age                      -Bilateral breast cancer (1<sup>st</sup> diagnosed ≤50)                      -Triple Negative Breast cancer ≤60                      -Breast cancer/Ashkenazi Jewish heritage</p>	<p><b>2 persons with: (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> degree)</b>                      -Breast Cancer (1 diagnosed ≤ 50)                      -Breast &amp; Ovarian cancer any age</p> <p><b>3 Persons with: (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> degree)</b>                      -Breast and/or ovarian and/or pancreatic                      any age</p>	<p><b>Lynch Syndrome*</b>  <b>Personal History</b>                      -Colon or Endometrial/Uterine Cancer                      diagnosed ≤50 or any age with another                      Lynch cancer on same side of family</p> <p><b>Family History Only</b>                      -1<sup>st</sup> degree relative                      with Colon/Endometria ≤50                      -Two 1<sup>st</sup> or 2<sup>nd</sup> degree relatives with                      Lynch Syndrome* cancer at any age</p>
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\*Lynch Cancers: Colon, Endometrial/Uterine, stomach, ovarian, brain, kidney, or small bowel