



## FAMILY HISTORY QUESTIONNAIRE FOR COMMON HEREDITARY CANCER SYNDROMES

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age of First Period: \_\_\_\_\_ Age of First Child: \_\_\_\_\_

Are you menopausal?  Yes  No Have you ever used Hormone Replacement Therapy?  Yes  No

Has anyone in your family had genetic testing for a hereditary cancer syndrome (Ex: BRCA or Lynch)?  Yes  No

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 parents, children, siblings, grandparents, aunts, uncles, and cousins.

			You (Age at diagnosis)	Siblings & Children (Age at diagnosis) <i>Ex: Sister 36 yrs</i>	Mother's Side (Who + age at diagnosis) <i>Ex: Aunt 44 yrs</i>	Father's Side (Who + age at diagnosis) <i>Ex: Grandfather 65 yrs</i>
<b>BREAST AND OVARIAN CANCER (BRCA)</b>						
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 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 sm. 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)				
Y	N	Other cancers				

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only:

BRCA/Lynch Testing Indicated:

Yes  No

Patient offered hereditary cancer testing?

Yes  No

If Yes:  Accepted  Declined

Follow-up appointment scheduled:

Yes  No

Date of apt.: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>BRCA – Personal or Fam. History</b> <i>One person with (out to 2<sup>nd</sup> degree)</i></p> <ul style="list-style-type: none"> <li>Breast cancer at 45 or younger</li> <li>Ovarian cancer at any age</li> <li>Male breast cancer any age</li> <li>Breast cancer + Jewish heritage</li> <li>Bilateral breast at 50 or younger</li> </ul>	<p><b>BRCA – Personal or Fam. History</b> <i>Two persons with (out to 3<sup>rd</sup> degree)</i></p> <ul style="list-style-type: none"> <li>2 Breast cancers (1 at 50 or younger, 1 at any age.)</li> <li>Breast &amp; Ovarian (Any age)</li> </ul> <p><i>Three persons with (out to 3<sup>rd</sup> degree)</i></p> <ul style="list-style-type: none"> <li>Breast and/or Ovarian and/or</li> </ul>	<p><b>Lynch Syndrome (Colon/Endo)</b> <i>Personally affected with:</i></p> <ul style="list-style-type: none"> <li>Colon or Endometrial at &lt;50 or younger</li> </ul> <p><i>Family Hist. of Colon, Endometrial, + another Lynch Cancer</i></p> <ul style="list-style-type: none"> <li>2 or more Lynch cancers, 1dx &lt;50</li> </ul>
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