

## Family History Questionnaire for Common Hereditary Cancer Syndromes

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

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

Are you menopausal: YES or r NO Have you ever used hormone replacement therapy: YES or NO

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

Please mark below if there is a **personal or family history** of any of the following cancers and **indicate family relationship** along with **age at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

### BREAST AND OVARIAN CANCER (BRCA)

		Type	You (age of diagnosis)	Siblings/Children (age at diagnosis) <i>Ex: Brother 36yrs</i>	Mother's Side (Who + age at diagnosis) <i>Ex: Aunt 44yrs</i>	Father's Side (Who + age at diagnosis) <i>Ex: Grandfather 65yrs</i>
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 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 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 Appointment: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BRCA - Personal or Fam. History	BRCA - Personal or Fam. History	Lynch Syndrome (Colon/Endo)
One person with (out of 2nd degree) * Breast cancer at 45 or younger * Ovarian cancer at any age * Male breast cancer at any age * Breast cancer + Jewish heritage * Bilateral breast at 50 or younger * Triple Neg Br.Ca at 60 or younger	Two persons with (out to 3rd degree) * 2 Breast cancers, w 1 at age 50 or younger * Breast & ovarian (any age)  Three persons with (out to 3rd degree) * Breast and/or ovarian and/or pancreatic (any age)/aggressive Prostate	Personally affected with: * Colon or endometrial at age 50 or younger  Family history of Colon, endometrial, or + another Lynch cancer (out of 2nd degree) (gastric, ovarian, brain, kidney, small bowel)  * 2 or more Lynch cancers, 1 dx at 50 or younger