

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 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 yo 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 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 | BRCA - Personal or Fam. History 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 | Lynch Syndrome (Colon/Endo) 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, brian, kidney, small bowel) * 2 or more Lynch cancers, 1 dx at 50 or younger |
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