

# Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date completed: \_\_\_\_\_

Please circle Y to those that **apply to YOU and/or YOUR FAMILY (BLOOD RELATIVES** on both your mother OR father's side.) Please list your relationship to the individual diagnosed (including: self, mother, father, brother, sister, maternal/paternal aunt, maternal/paternal uncle, children, first cousins, nieces, nephews, paternal/maternal grandfather and paternal/maternal grandmother; NOTE: brothers and/or sisters should be listed on mother's side) and the age at cancer diagnosis. If you circled yes to one or more statements, you may be a candidate for a blood test to help determine if you have an inherited risk of cancer

	Self	Mother's Side	Father's Side	Age
<b><u>BREAST AND OVARIAN CANCER</u></b>				
Y N - Breast cancer before age 50				
Y N - Breast cancer after age 50				
Y N - Breast cancer in both breasts or multiple primary breast cancers				
Y N - Ovarian Cancer				
Y N - BRCA Mutation carrier				
Y N - Male breast cancer				
Y N - Triple Negative Breast Cancer (Age 50-60)				
Y N - Pancreatic Cancer				
Y N - Ashkenazi Jewish ancestry				

<b><u>COLON AND ENDOMETRIAL CANCER</u></b>				
Y N - Endometrial/Uterine cancer before age 50				
Y N - Endometrial/Uterine cancer after age 50				
Y N - Colorectal cancer before age 50				
Y N - Colorectal cancer after age 50				
Y N - Ovarian Cancer, any age				
Y N - Brain cancer, any age				
Y N - Gastric Cancer, any age				
Y N - Small Bowel Cancer, any age				
Y N - Pancreas/Biliary Cancer, any age				
Y N - 10 or more colon polyps found in a lifetime				
Y N - Renal pelvis cancer, any age				
Y N - HNPCC/Lynch Syndrome Mutation Carrier				

Patient is a candidate for genetic testing Patient offered genetic test

Information given to patient      Accepted     Declined

Appointment follow up date \_\_\_\_\_

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Healthcare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_