

FAMILY HISTORY QUESTIONNAIRE FOR COMMON HEREDITARY CANCER SYNDROMES



Name: _____ DOB: _____

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>
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 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 appt: _____

Provider Signature: _____ Date: _____

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