Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: Height: Weight: Are You Menopausal: Yes or No			Date of Birth: Age: Age of First Period: Age of First Child (if applicable): Have you ever used Hormone Replacement Therapy? Yes or No			
Has anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No						
Please mark below if there is a <u>personal or family history</u> of any of the following cancers. If yes, then <u>indicate family relationship</u> AND <u>age at diagnosis</u> in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins. COLON AND UTERINE CANCER (Colaris)						
COL	01111	D OTEMINE OFFICER (CO	You (age of diagnosis)	Siblings / Childre (age of diagnosis		Father's Side (age of diagnosis)
		Example: Colon Cancer		Brother at 36	Aunt at 44	Grandfather at 65 Cousin at 58
Y	N	Uterine (endometrial) cancer				Cousin ii 50
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				
BREAST AND OVARIAN CANCER (BRCA)						
N/	NI	Duncat compan				
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 Ashkenazi Jewish descent?				
OTHER CANCERS						
Y	N	Prostate Cancer (BRCA)				
Y	N	Pancreatic Cancer (Col/BRCA)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Y	N	Melanoma (BRCA)	′			
Patient's Signature: Date: For Office Use Only:						
Patient meets NCCN criteria for testing Yes No IF Yes, HBOC or Lynch						
Follow-up appointment scheduled: YES NO Date of Appointment:						
Patient offered hereditary cancer testing? YES If YES ACC			CS NO CEPTED DECLINED			
Health Care Provider's Signature:			CELTED DECEMEN		Date:	
BRCA- Personal or Family History One person with: (out to 2 nd degree) -Breast (diagnosed ≤45) -Ovarian any age -Male breast any age -Breast with Ashkenazi Jewish heritage any age			Fwo persons with: (out to 3 rd degree) Breast Cancer age (2 diagnosed ≤50) Breast Cancer & Ovarian Cancer (any age) Fhree Persons with: (out to 3 rd degree) Breast and/or pancreatic and/or ovarian (any age)		Lynch*- Personally affected: Colon or Uterine Cancer (diagnosed <50) or dx at any age with another Lynch* cancer in person/family Family History -A 1st degree relative w/ CRC or Uterine cancer <50 -Two 1st/2nd degree relatives w/ Lynch tumor, any age *Colon, uterine/endometrial, stomach, ovarian, brain, kidney, small bowel	