

## Family History Questionnaire for Common Hereditary Cancer Syndromes

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

**Instructions:** Please circle Y to those that apply to **YOU and/or YOUR FAMILY**. Then please list the relationship of the individual diagnosed (such as **Self, Uncle, Aunt, Grandmother**) & their age at diagnosis. This is a screening tool for **Hereditary Cancer Syndromes**, if you circle Y to any statements below, you **MAY** be appropriate for genetic testing.

<b>BREAST &amp; OVARIAN CANCER (BRCA)</b>			<b>Relationship</b>	<b>Mother's Side</b>	<b>Father's Side</b>	<b>Age Diagnosed</b>
Y	N	- Breast Cancer before age 50		Y	Y	
Y	N	- Ovarian Cancer at any age		Y	Y	
Y	N	- Breast Cancer in both breasts or multiple primary Breast Cancers		Y	Y	
Y	N	- Both Breast & Ovarian Cancer (in an individual or family)		Y	Y	
Y	N	- Male Breast Cancer		Y	Y	
Y	N	- 2 or more Breast or Ovarian Cancers (in an individual or a family)		Y	Y	
Y	N	- Pancreatic Cancer w/ family history of Breast or Ovarian		Y	Y	
Y	N	- Ashkenazi Jewish ancestry & personal or family history of Breast or Ovarian Cancer		Y	Y	
Y	N	- Are you of Jewish descent?		Y	Y	
Y	N	- Patient has Breast Cancer diagnosed after age 50 & has 1 relative with Breast Cancer		Y	Y	
Y	N	- Any unaffected patient with 3 relatives with Breast Cancer, regardless of age		Y	Y	
Y	N	- Triple Negative Breast Cancer		Y	Y	
Y	N	- Family member with known BRCA Mutation		Y	Y	
<b>COLON &amp; UTERINE CANCER (COLARIS)</b>			<b>Relationship</b>	<b>Mother's Side</b>	<b>Father's Side</b>	<b>Age Diagnosed</b>
Y	N	- Uterine Cancer before age 50		Y	Y	
Y	N	- Colorectal Cancer before age 50		Y	Y	
Y	N	- Both Uterine & Colorectal Cancer (in an individual or family)		Y	Y	
Y	N	- 2 or more Uterine or Colorectal Cancers (in an individual or family)		Y	Y	
Y	N	- Uterine and/or Colorectal Cancer AND Ovarian, Stomach, Kidney/Urinary Tract, Brain OR Small Bowel Cancer (in an individual or family)		Y	Y	
<b>COLON &amp; UTERINE CANCER (COLARIS AP)</b>			<b>Relationship</b>	<b>Mother's Side</b>	<b>Father's Side</b>	<b>Age Diagnosed</b>
Y	N	- 10 or more Colon Polyps found in a lifetime (in an individual or a family)		Y	Y	

Information given to patient to review
  Patient offered genetic testing:  Accepted  Declined  
 Candidate for further risk assessment and/or genetic testing
  Follow up appointment scheduled

\_\_\_\_\_ \_\_\_\_\_  
 Patient's Signature Date Health Care Provider's Signature Date