

Cancer Family History Questionnaire

PERSONAL INFORMATION

Patient Name		Date of Birth	Age
Gender (M/F)	Today's Date (MM/DD/YY)	Health Care Provider	

Instructions: This is a screening tool for cancers that run in families. Please mark (Y) for those that apply to YOU and/or YOUR FAMILY. Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family.

You and the following close blood relatives should be considered: You, Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great-Grandchildren

Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary breast and ovarian cancer syndrome and Lynch syndrome. Share this information with your healthcare professional to help determine your hereditary cancer risk.

COLON AND ENDOMETRIAL CANCER		SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
<input type="radio"/> Y <input type="radio"/> N	Colon/rectal cancer before age 50			
<input type="radio"/> Y <input type="radio"/> N	Endometrial (<i>Uterine</i>) cancer before age 50			
<input type="radio"/> Y <input type="radio"/> N	Two or more Lynch syndrome cancers* in the same person or on the same side of the family (<i>one diagnosed before age 50</i>)			
<input type="radio"/> Y <input type="radio"/> N	Three or more Lynch syndrome cancers* on the same side of the family (<i>at any age</i>)			

(*Lynch syndrome cancers: colon/rectal, endometrial/uterine, ovarian, stomach, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, or sebaceous adenomas)

BREAST AND OVARIAN CANCER		SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
<input type="radio"/> Y <input type="radio"/> N	Breast cancer at age 50 or younger			
<input type="radio"/> Y <input type="radio"/> N	Ovarian (<i>Peritoneal/Fallopian tube</i>) cancer at any age			
<input type="radio"/> Y <input type="radio"/> N	Two or more primary (<i>unrelated</i>) breast cancers in the same person or on the same side of the family			
<input type="radio"/> Y <input type="radio"/> N	Male breast cancer at any age			
<input type="radio"/> Y <input type="radio"/> N	Triple negative breast cancer (<i>ER-, PR-, HER2- pathology</i>)			
<input type="radio"/> Y <input type="radio"/> N	Three or more HBOC-associated cancers at any age in the same person or on the same side of the family (HBOC-associated cancers include breast [including DCIS], ovarian, pancreatic, and aggressive prostate cancer")			
<input type="radio"/> Y <input type="radio"/> N	Pancreatic cancer or aggressive prostate cancer**, AND one relative with breast cancer at age 50 or younger			
<input type="radio"/> Y <input type="radio"/> N	Ashkenazi Jewish ancestry with breast or pancreatic cancer at any age			

(** Gleason Score \geq 7)

CANCER RISK ASSESSMENT REVIEW (To be completed after discussion with your healthcare provider)

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

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Patient offered hereditary cancer genetic testing? YES NO ACCEPTED DECLINED

If Yes, which test? BRCA*Analysis*[®] with Myriad myRisk[®] Multisite 3 BRCA*Analysis* REFLEX to BRCA*Analysis* with Myriad myRisk

COLARIS[®]PLUS with Myriad myRisk COLARIS AP[®]PLUS with Myriad myRisk Single Site Testing Myriad myRisk Update

Other: _____

Follow-up appointment scheduled: YES NO Date of Next Appointment: _____