## **Family History Questionnaire for Common Hereditary Cancer Syndromes**

Pat				
Date of Birth:				
fath self be que any	ner's a f, pate answ estion	ons: Please circle Y for those that apply to YOU and/side). Behind each statement, please list the relationsernal uncle, maternal aunt, paternal grandmother) and ered individually, so you may list the same cancer dies. This is a screening tool for the common features of ements below, you MAY be appropriate for genetic testion.	ship to you of the individual d their age at diagnosis. Ea agnosis more than once as f hereditary cancer syndror	diagnosed (such as ach statement should you answer these mes, if you circle Y to
			RELATIONSHIP	AGE AT DIAGNOSIS
BR	EAST	AND OVARIAN CANCER		
Υ	N	Breast cancer before age 50		
Y	N	Ovarian cancer		
Y	N	Breast cancer in both breasts or multiple primary breast cancers		
Υ	N	Both breast & ovarian cancer (in an individual or a family)		
Υ	N	Male breast cancer		
Υ	N	2 or more breast or ovarian cancers (in an individual or a family)		
Υ	N	Ashkenazi Jewish ancestry & personal or family history of breast or ovarian cancer		
Υ	N	Pancreatic cancer w/ breast or ovarian cancer		
		in same person or side of family		
	LON	AND UTERINE CANCER		
Y	N	Uterine cancer before age 50		
Y	N	Colorectal cancer before age 50		
Y	N	Both uterine & colorectal cancer (in an individual or a family)		
Υ	N	2 or more uterine or colorectal cancers (in an individual or a family)		
Υ	N	Uterine and/or colorectal cancer AND ovarian, stomach, kidney/urinary tract, brain OR small bowel cancer (in an individual or a family)		
Υ	N	10 or more colon polyps found in a lifetime		
<ul> <li>□ Candidate for further risk assessment and/or genetic testing</li> <li>□ Information given to patient to review</li> <li>□ Follow up appointment scheduled Date:</li> </ul>			☐ Patient offered genetic testing ☐ Accepted ☐ Declined ☐ Genetic Testing Not Warranted	
Pat	ient's	Signature Date H	ealth Care Provider's Signatur	e Date