

# Cancer Family History Questionnaire

This is a screening tool for cancers that run in families



Associates for Women's Medicine

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor/Provider Seeing Today: \_\_\_\_\_

Y	N	Have you or a family member ever been tested for hereditary risk of cancer (genetic testing for BRCA, Lynch Syndrome or any other syndromes)? If yes:	Who (family) _____
			What genes(BRCA, Lynch, Panel) _____ Result _____

**If you have been tested in the last 5 years check this box**

Circle Y for those that apply to <b>You</b> and/or <b>Your Family</b> (mother and father's side) <b>Mother, Father, Brother, Sister, Children, Nieces/Nephews</b> <b>Paternal and Maternal Grandmothers, Grandfathers, Aunts, Uncles, Cousins</b>				
<b>YOU</b>	<b>BREAST AND OVARIAN CANCER</b>	<b>Siblings/ Children</b>	<b>Mom's side</b>	<b>Dad's side</b>
<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>Sister 55</i>	<i>Aunt 67</i>	<i>Grandma 84</i>
<i>Example: Breast cancer</i>				
Y	N	Ashkenazi Jewish (Central/Eastern European) ancestry with breast, pancreatic or ovarian cancer at ANY age?		
Y	N	Ovarian cancer at ANY age?		
Y	N	Male breast cancer at ANY age?		
Y	N	Breast cancer diagnosed in YOU at ANY age or age 50 or younger in any family member?		
Y	N	Two separate diagnoses of breast cancer or breast cancer in both breasts in the same person?		
Y	N	Three or more of the following cancers in the same person or on the same side of the family at any age: breast, ovarian/fallopian tube, melanoma, and prostate?		

<b>YOU</b>	<b>COLON PANCREATIC AND UTERINE CANCER</b>	<b>Siblings/ Children</b>	<b>Mom's side</b>	<b>Dad's side</b>
Y	N	Colon/Rectal cancer in YOU < age 65 or ANY family before age 50?		
Y	N	Endometrial (uterine) cancer in YOU < age 64 or ANY family before age 50?		
Y	N	Pancreatic cancer at ANY age?		
Y	N	<b>Three or more</b> cancers on the same side of the family at any age: (circle) colon, uterine, ovarian, stomach, kidney/urinary tract, small bowel, pancreatic, brain or sebaceous adenoma		
Y	N	10 or more colon/rectal polyps(precancerous adenomas)?		
Y	N	Metastatic Prostate cancer in ANY family at ANY age?		

Patient Declined to Complete Form

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* FOR OFFICE USE ONLY \*\*\*

**Patient indicated for hereditary cancer genetic testing?**  YES  NO  ACCEPTED  DECLINED

Reason \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_