

## Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate if there is a **personal or family history** of any of the following cancers. If yes, then **indicate family relationship** and **AGE at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

*Example: Colon Cancer Brother 36 yrs Aunt 44 yrs Grandfather 65 yrs Cousin 58 yrs*

### BREAST AND OVARIAN CANCER (HBOC)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
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				
Are you of Ashkenazi Jewish descent? Please Circle:			YES / NO			

### COLON AND UTERINE CANCER (LYNCH)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
Y	N	Uterine (endometrial) cancer				
Y	N	Colon cancer				
Y	N	Ovarian, stomach, kidney, brain OR small bowel cancer				
Y	N	10 or more colon polyps in a lifetime				

Y	N	Prostate Cancer (HBOC)				
Y	N	Melanoma (HBOC)				
Y	N	Pancreatic Cancer (HBOC/Lyn)				
Y	N	Other Cancers				

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you or a family member ever been tested for a hereditary syndrome? \_\_\_\_\_ If so, please specify who and what test: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> Patient offered hereditary cancer testing? <input type="checkbox"/> YES      ACCEPTED      DECLINED      HEALTH CARE PROVIDER SIGNATURE: _____ <input type="checkbox"/> NO		
<b>HBOC - Personal or Family History</b> One person with: (out to 2 <sup>nd</sup> degree) -Breast CA (diagnosed ≤45) -Ovarian CA, any age -Male Breast CA, any age -Breast CA with Ashkenazi Jewish heritage, any age -Bilateral Breast CA (diagnosed ≤50) -Triple negative Breast CA(diagnosed ≤60)	Two persons with: (out to 2 <sup>nd</sup> degree) -Breast Cancer (1 diagnosed ≤ 50) -Breast Cancer & Ovarian Cancer, any age  Three Persons with: (out to 3 <sup>rd</sup> degree) -Breast and/or pancreatic and/or ovarian, any age	<b>Lynch*- Personal or Family History</b> One or Two persons with: (out to 2 <sup>nd</sup> degree) -Endometrial or Colorectal Cancer (1 diagnosed ≤50) -Endometrial or CRC Cancer (1 > 50) & another Lynch* cancer, any age  Three persons with: (out to 2 <sup>nd</sup> degree) -Lynch* cancers with 1 being Endometrial or Colorectal, any age  <small>*Endo, CRC, ovarian, stomach, brain, pancreas, small bowel, ureter/renal pelvis, biliary tract, sebaceous adenomas</small>