Family History Questionnaire for Common Hereditary Cancer Syndromes

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In	stru divid	f Birth: D ctions: Please circle <u>Y</u> to those that apply to <u>YOU and/or</u> dual diagnosed (such as <u>Self</u> , <u>Uncle</u> , <u>Aunt</u> , <u>Grandmother</u>) itary Cancer Syndromes, if you circle <u>Y</u> to any statemen) & their age at diagnosis	. This is a scre	ening tool	for
BREAST & OVARIAN CANCER (BRCA)			Relationship	Mother's Side	Father's Side	Age Diagnosed
Y	N	- Breast Cancer before age 50		Y	Y	8
Y	N	- Ovarian Cancer at any age		Y	Y	
Y	N	- Breast Cancer in both breasts or multiple primary Breast Cancers	F	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	
COLON & UTERINE CANCER (COLARIS)			Relationship	Mother's Side	Father's Side	Age Diagnosed
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	3
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	
COLON & UTERINE CANCER (COLARIS AP)			Relationship	Mother's Side	Father's Side	Age Diagnosed
Y	N	- 10 or more Colon Polyps found in a lifetime (in an individual or a family)	·	Y	Y	
		rmation given to patient to review lidate for further risk assessment and/or genetic testing	Patient offered genetic Follow up appointment		cepted 🗆 D	eclined
X X						

Health Care Provider's Signature

Date

Patient's Signature

Date