

CANCER FAMILY HISTORY QUESTIONNAIRE

Patient Name: _____

Provider Today: _____

Date of Birth: _____ Age: _____

Today's Date: _____

Have you or any relatives been tested for hereditary cancer (BRCA) in the past? YES NO Who? _____ Results: _____

Do you have any Ashkenazi Jewish ancestry? NO Mother's Side of Family Father's Side of Family BOTH

Have YOU ever been diagnosed with any type of cancer? YES NO Cancer site: _____ Age at diagnosis: _____

INSTRUCTIONS: Your family history is important. This is a screening questionnaire for the common features of hereditary cancers. For the sake of this questionnaire, **CLOSE RELATIVE** is defined as a 1st or 2nd degree relative:
 1st degree: Mother, Father, Sister, Brother, Children 2nd degree: Aunt, Uncle, Grandparent, Niece, Nephew

Breast and Ovarian Cancer Family History		Mother's Side of Family	Age at Diagnosis	Father's Side of Family	Age at Diagnosis
<input checked="" type="radio"/>	<input type="radio"/>	Sister - Ovarian	60	Aunt - Breast	41
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	1.		1.	
<input type="radio"/>	<input type="radio"/>	2.		2.	
<input type="radio"/>	<input type="radio"/>	1.		1.	
<input type="radio"/>	<input type="radio"/>	2.		2.	
<input type="radio"/>	<input type="radio"/>	3.		3.	
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				

Colon and Endometrial (Uterine) Cancer Family History		Mother's Side of Family	Age at Diagnosis	Father's Side of Family	Age at Diagnosis
<input type="radio"/>	<input type="radio"/>	1.		1.	
<input type="radio"/>	<input type="radio"/>	2.		2.	
<input type="radio"/>	<input type="radio"/>	1.		1.	
<input type="radio"/>	<input type="radio"/>	2.		2.	
<input type="radio"/>	<input type="radio"/>	3.		3.	
<input type="radio"/>	<input type="radio"/>				

List ANY OTHER cancer in your family below. Also include any 3rd DEGREE RELATIVES HERE: COUSINS, GREAT GRANDPARENTS, GREAT AUNTS/UNCLES

PATIENT USE:
 Patient is appropriate for further risk assessment and/or genetic testing: YES NO
 Patient was offered genetic testing: ACCEPTED DECLINED INFO PROVIDED
NOTES:

PATIENT Signature: _____

PROVIDER Signature: _____