

Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: _____ Physician: _____
 Date of Birth: _____ Date completed: _____

Instructions: Please circle **Y** to those that apply to You and/or YOUR Family (on both your mother's or father's side). Behind each statement, please list the relations to you of the individual diagnosed (such as self, paternal uncle, maternal aunt, paternal grandmother) and their age at diagnosis. Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary cancer syndromes, if you circle **Y** to any statements below, you MAY be appropriate for genetic testing. Ask your healthcare provider for additional information.

			Relationship	Age at diagnosis
<i><u>Breast and Ovarian Cancer</u></i>				
Y	N	Breast cancer before age 50	_____	_____
Y	N	Ovarian cancer	_____	_____
Y	N	Breast cancer in both breasts	_____	_____
		Or multiple breast cancer	_____	_____
Y	N	Both breast & ovarian cancer	_____	_____
		(in an individual or family)	_____	_____
Y	N	Male breast cancer	_____	_____
Y	N	2 or more breast or ovarian cancers	_____	_____
		(in an individual or family)	_____	_____
Y	N	Ashkenazi Jewish ancestry &	_____	_____
		Family hx breast or ovarian cancer	_____	_____

Colon and Uterine Cancer

Y	N	Uterine cancer before age 50	_____	_____
Y	N	Colorectal cancer before age 50	_____	_____
Y	N	Both uterine & colorectal cancers	_____	_____
		(in an individual or a family)	_____	_____
Y	N	2 or more uterine or colorectal	_____	_____
		cancers (in an individual or family)	_____	_____
Y	N	Uterine and/or colorectal cancer &	_____	_____
		Ovarian, stomach, kidney/urinary	_____	_____
		Tract, brain, or small bowel cancer	_____	_____
		(in an individual or family)	_____	_____
Y	N	10 or more colon polyps found	_____	_____

Patient signature _____ Physician signature _____

