

Family History Questionnaire

Name: _____

Date: _____

Instructions: Please circle Y to those that apply to YOU and/or YOUR FAMILY(on both your mother OR father's side). Behind each statement, please list the relationship to you of the individual diagnosed (example: self, maternal aunt, sister, paternal cousin) and their age of diagnosis.

HEREDITARY BREAST AND OVARIAN CANCER SYNDROME

PERSONAL HISTORY
AGE AT DIAGNOSIS

RELATIONSHIP

Y N -Personal history of breast cancer before age 50 _____

Y N -Personal history of ovarian cancer at any age _____

Y N -Breast cancer in both breasts at any age _____

FAMILY HISTORY

Y N -Breast cancer in both breasts in a family member at any age. _____

Y N -Both breast & ovarian cancer (in a Individual or family at any age) _____

Y N -Male breast cancer at any age _____

Y N -2 or more breast or ovarian cancers (on one side of the family or in an individual) _____

Y N -Ashkenazi Jews with a personal or family history of breast or ovarian cancer at any age _____

HEREDITARY NONPOLYPOSIS COLORECTAL CANCER SYNDROME

RELATIONSHIP

AGE OF DIAGNOSIS

Y N -Personal history of cancer of the Uterus before age 50 _____

Y N -Personal history of colon *or* rectal cancer before age 50 _____

Y N -Personal history of colon *or* rectal cancer *or* cancer _____

of the uterus after age 50 & a family member with any of the following cancers:

(Please circle those that apply:) Colon, Rectal, Uterine, Stomach, Ovarian, Biliary Tract,

Small Bowel, Pancreas, Kidney (Ureter/Renal Pelvis), Brain, Sebaceous Adenoma

If you circled yes to one or more statements on the Family History Questionnaire, you may be a candidate for counseling and may be appropriate for a blood test to help determine if you have an inherited risk of cancer.

PATIENT OFFERED RISK COUNSELING ACCEPTED DECLINED UNDECIDED