

Family History Questionnaire for Cancer Risk

Patient Name: _____ Date completed: _____

Circle "Y" below statements that apply to YOU and/or YOUR FAMILY on both your **mother's and father's** sides; list the diagnosed person's relationship to you (eg; self, paternal aunt, maternal uncle, paternal grandmother) and the age at diagnosis. Each statement should be answered individually, so you may list the same cancer more than once.

BREAST AND OVARIAN CANCER

RELATIONSHIP

AGE AT DIAGNOSIS

- Y N -Breast cancer before age 50 _____
- Y N -Ovarian cancer at any age _____
- Y N -2 relatives on the same side of family with breast cancer – with 1 under age of 50 _____
- Y N -3 relatives on same side of family with breast cancer at any age _____
- Y N -Multiple breast cancers in same person (in the same breast or in both breasts) _____
- Y N -Male breast cancer _____
- Y N -Pancreatic cancer w/ breast or ovarian cancer in same person or same side of family at any age _____
- Y N -Ashkenazi Jewish ancestry w/ breast, ovarian or pancreatic in same person or same side of family _____
- Y N -A family member with a known BRCA mutation _____

COLON AND UTERINE CANCER

- Y N -Have YOU been diagnosed with uterine (endometrial) or Colorectal cancer before age 50 _____
- Y N -2 or more relatives on same side of family with any of the following one diagnosed **before 50 (please circle)**: colon, uterine/endometrial, ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis _____
- Y N -3 or more relatives on same side of family with any of the following diagnosed **at any age (please circle)**: colon, uterine/endometrial, ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis _____
- Y N Family member has a known Lynch syndrome mutation
If you are unfamiliar with Lynch syndrome it is unlikely that it exists in your family _____

SELF	NON-HEREDITARY BREAST CANCER	
Y	N	Have you ever been diagnosed with any breast cancer or ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS)?
Y	N	Did you start your menstrual period before age 12 OR start menopause after age 50?
Y	N	Did you have your first child AFTER 30 years of age OR never had children?
Y	N	Have you ever been told you have DENSE BREASTS?
Y	N	Have you been tested for BRCA?
Y	N	Have you ever taken estrogen for hormone replacement therapy (HRT)?
Y	N	Have you ever had a (positive or negative) breast biopsy?

Patient's signature

Date

Health Care Provider's Signature

Date