If you have already had genetic testing for a hereditary cancer syndrome (BRCA) and your family history has not changed, you do not need to complete this form

Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Has anyone in your family had genetic testing for a hereditary cancer syndrome? (Ex: BRCA or Lynch)? Yes or No

Please mark below if there is a **personal or family history** of any of the following cancers and **indicate family relationship** and **AGE at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

BREAST AND OVARIAN CANCER (BRCA)

			You (age at diagnosis)	Siblings / Children (age at diagnosis) *Ex: Brother 36 yrs*	Mother's Side (Who + age at diagnosis) *Ex: Aunt 44 yrs*	Father's Side (Who + age at diagnosis)
Y	N	Breast cancer				
Y	N	Breast cancer in both breasts OR multiple primary breast cancers				
Y	N	Ovarian cancer				
Y	N	Male breast cancer				
Y	N	Are you of Jewish descent?				

COLON AND UTERINE CANCER (Colaris)

Y	N	Uterine (endometrial) cancer				
Y	N	Colon cancer				
Y	N	Ovarian, stomach, kidney/urinary tract, brain OR small bowel cancer				
Y	N	10 or more colon polyps found in a lifetime				

OTHER CANCERS

Y	N	Prostate Cancer (BRCA)				
Y	N	Pancreatic Cancer (Col/BRCA)				
Y	N	Melanoma				

Patient's Signature: _____ Date: _____

For Office Use Only:

BRCA/Lynch Testing Indicated?: YES NO

Patient offered hereditary cancer testing? YES NO If YES: ACCEPTED DECLINED

Follow-up appointment scheduled: YES NO Date of Appointment: _____

BRCA – Personal or Fam. History	BRCA – Personal or Fam. History	Lynch Syndrome (Colon/Endo)
One person with (out to 2nd degree) ☐ Breast Cancer at 49 or younger ☐ Ovarian Cancer at any age ☐ Male breast cancer any age ☐ Breast Cancer + Jewish Heritage ☐ Bilateral Breast at any age ☐ Triple Neg Br.Ca. at 60 or younger ☐ Jewish ancestry w/breast/ovarian or pancreatic	Two persons with (out to 3rd Degree) ☐ 2 Breast Cancers, w 1≤ 50 or younger ☐ 1 Breast ≤ 50 with Pancreatic (any age) ☐ Combo of: Breast, Ovarian, Pancreatic or Prostrate (young/aggressive) Three Persons with (out to 3rd degree) ☐ Breast and/or Ovarian and/or Pancreatic (any age)/aggressive Prostate	Personally affected with: ☐ Colon or Endometrial at ≤50 Family History out to 2nd Degree: ☐ 1 Colon or Endometrial Cancer at 49 or younger ☐ 2 or more Lynch* cancers in the same person ☐ 2 or more Lynch* cancers w/1 dx ≤50 *(gastric, ovarian, brain, kidney, small bowel, pancreas, ureter, biliary tract)

MD Signature: _____ Date: _____

We are committed to your health and cancer prevention.
To best serve you, we need a detailed personal and family cancer history.
Please fill out the back of this form.
If you have questions please ask!

If you filled this out within the last 6 months and nothing has changed, you do not need to fill it out again. Just SIGN it and indicate as such on the form.

THANK YOU!