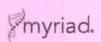
# **Cancer Family History Questionnaire**

PERSONAL INFORMATION								
Patient Name			Date of Birth	Age				
Gender (M/F)	Today's Date (MM/DD/YY)	Health Care Provider						

Instructions: This is a screening tool for cancers that run in families. Please mark (Y) for those that apply to YOU and/or YOUR FAMILY.  Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family.  You and the following close bood relatives should be considered: You, Parents, Brothers, Sisters, Sons, Daughters,  Grandparents Grandshilden, Austral Males, Nonbourg, Nicosa, Malf Siklings, First Counting, Brothers, Sisters, Sons, Daughters,								
Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great-Grandchildren  YOU and YOUR FAMILY's Cancer History (Please be as thorough and accurate as possible)								
100%		YOU	PARENTS/SIBLINGS/				DEL ATIVES	
	CANCER	Age of Diagnosis	CHILDREN	Age of Diagnosis	RELATIVES on your MOTHER'S SIDE	Age of Diagnosis	RELATIVES on your FATHER'S SIDE	Age of Diagnosis
N N	Example: Breast Cancer	45	*****		Aunt	45 61	Grandmother	53
□ ×	Breast cancer (Female or Male)							
□ Y Z	Ovarian cancer (Peritoneal/Fallopian tube)							
- Y	Endometrial (Uterine) cancer							
BY	Colon/rectal cancer							
ON N	10 or more Lifetime Colon/ Rectal Polyps (Specify #)							
□× × ×	Pancreatic cancer							
BY	Prostate cancer							
BY N	Other Cancer(s) (Specify cancer type)	Among other	s, consider the following cancers: Melan	oma, Pancreatio	, Stomach (Gastric), Brain, Kidney, Blade	der, Small bowel,	Sarcoma, Thyrold, Prostate	
ON ON	The state of the s							
□× ××								
ON N	Have your or anyone in your family had genetic testing for a hereditary cancer syndrome? (Please explain/include a copy of result if possible)							
LIN	If Yes, Who?		What gene(s)?		What was th	e result?		
BREAS	ST CANCER RISK MODEL	INFORM	ATION					
Your	current height (ft/in)		Did you ev	er use Horr	none Replacement Therapy?	□Yes	□No	
Your	Your current weight (lbs) If yes, type:  Combined Estrogen only Progesterone only Don't know							
Your	menopausal status:		If yes, a	re you a: [	Current user: How mai	ny years ago	did you start?	
	Pre-menopausal How many more years do you intend to use?							
	Peri-menopausal (time before menopause marked	by irregular	rucles) Have your				did you stop using?	
	(time before menopause marked by irregular cycles)  Have you ever had a breast biopsy?   Post-menopausal  If yes, do you know your diagnosis?							
(permanent cessation of period for 12 months or longer)		or longer)	Number of daughters					
	Age of onset Number of sisters							
Your	Your age at time of first menstrual period Number of maternal aunts (mother's sisters)							
Your	Your age at time of first live birth: Number of paternal aunts (father's sisters)							
realized of paternal durits (rather a sisters)								
CANCER RISK ASSESSMENT REVIEW (To be completed after discussion with your healthcare provider)								
					0	ate		
Health Care	Provider's Signature				D	ate		
Office	Patient offered hereditary of				ACCEPTED DECLINE			
Only							RACAnalysis with Myriad my	Risk
	□ COLARIS® with Myriad myRisk □ COLARIS AP® Us with Myriad myRisk □ Single Site Testing □ Myriad myRisk Update □ Other:							
	Follow-up appointment scheduled:   YES  NO Date of Next Appointment:							

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### **NCCN Simplified**

## One (1st or 2nd degree) relative with:

- Breast 45 or under
- Ovarian ANY age
- Male breast any age
- Breast with AJ heritage any age
- Bilateral breast if first diagnosis between 46-50
- Triple negative breast under 60

#### Two relatives:

- Two instances of breast cancer, one under 50 (one of which is a 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- One instance breast 46-50 (1<sup>st</sup> or 2<sup>nd</sup>) with a more distant ovarian (depends on how this ovarian is related to the breast)

#### Three relatives with:

Breast and/or pancreatic and/or ovarian at any age (one of which is a 1<sup>st</sup> or 2<sup>nd</sup> degree relative)

#### RELATIVES

1 <sup>ST</sup> DEGREE	2 <sup>ND</sup> DEGREE	3 <sup>RD</sup> DEGREE	
MOM/DAD	GRANDMA/GRANDPA	COUSINS	
SISTER/BROTHER	AUNTS/UNCLES/NIECES/NEPHEWS	GREAT GRANDPARENTS	

#### LYNCH CRITERIA

Personal History of Colon or Endometrial cancer age 50 or younger Family History of a 1<sup>st</sup> degree relative with Colon or Endometrial cancer age 50 or younger

Family History of 2 or more relatives on the same side of the family with Lynch Cancers one of which is diagnosed 50 or younger.(1st, 2nd, and 3rd degree relatives)