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,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)

	CANCER	YOU Age of Diagnosis	PARENTS/SIBLINGS/ CHILDREN	Age of Diagnosis	RELATIVES on your MOTHER'S SIDE	Age of Diagnosis	RELATIVES on your FATHER'S SIDE	Age of Diagnosis
☒ Y ☐ N	***Example: Breast Cancer***	***45***	------	-----	***Aunt Cousin***	***45 61***	***Grandmother***	***53***
☐ Y ☐ N	Breast cancer *(Female or Male)*							
☐ Y ☐ N	Ovarian cancer *(Peritoneal/Fallopian tube)*							
☐ Y ☐ N	Endometrial (*Uterine*) cancer							
☐ Y ☐ N	Colon/rectal cancer							
☐ Y ☐ N	10 or more Lifetime Colon/ Rectal Polyps *(Specify #)*							
☐ Y ☐ N	Pancreatic cancer							
☐ Y ☐ N	Prostate cancer							
☐ Y ☐ N	Other Cancer(s) *(Specify cancer type)*	Among others, consider the following cancers: Melanoma, Pancreatic, Stomach (Gastric), Brain, Kidney, Bladder, Small bowel, Sarcoma, Thyroid, Prostate						
☐ Y ☐ N	Are you of Ashkenazi Jewish descent?							
☐ Y ☐ N	Are you concerned about your personal and/or family history of cancer?							
☐ Y ☐ 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) If Yes, Who? _____ What gene(s)? _____ What was the result? _____							

BREAST CANCER RISK MODEL INFORMATION

Your current height (ft/in) _____

Your current weight (lbs) _____

Your menopausal status:

☐ Pre-menopausal

☐ Peri-menopausal
(time before menopause marked by irregular cycles)

☐ Post-menopausal
(permanent cessation of period for 12 months or longer)

Age of onset _____

Your age at time of first menstrual period _____

Your age at time of first live birth: _____

Did you ever use Hormone Replacement Therapy? ☐ Yes ☐ No

If yes, type: ☐ Combined ☐ Estrogen only ☐ Progesterone only ☐ Don't know

If yes, are you a: ☐ Current user: How many years ago did you start? _____
How many more years do you intend to use? _____

☐ Past user: How many years ago did you stop using? _____

Have you ever had a breast biopsy? ☐ Yes ☐ No

If yes, do you know your diagnosis? _____

Number of daughters _____

Number of sisters _____

Number of maternal aunts (mother's sisters) _____

Number of paternal aunts (father's sisters) _____

CANCER RISK ASSESSMENT REVIEW (To be completed after discussion with your healthcare provider)

Patient's Signature	Date
Health Care Provider's Signature	Date

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Patient offered hereditary cancer genetic testing? ☐ YES ☐ NO ☐ ACCEPTED ☐ DECLINED

If yes and accepted, which test? ☐ BRAC*Analysis*® with Myriad myRisk® ☐ Multisite 3 BRAC*Analysis* REFLEX to BRAC*Analysis* with Myriad myRisk

☐ COLARIS®PLUS with Myriad myRisk ☐ COLARIS *AP*®PLUS 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 1st or 2nd degree relative)
- One instance breast 46-50 (1st or 2nd) 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 1st or 2nd degree relative)

RELATIVES

1ST DEGREE	2ND DEGREE	3RD 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 1st 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)