

Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: _____ Physician: _____

Date of Birth: _____ Date completed: _____

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

<i>Example: Colon Cancer</i>	<i>Brother 36 yrs</i>	<i>Aunt 44 yrs</i>	<i>Grandfather 65 yrs</i>
		<i>Cousin 58 yrs</i>	

COLON AND UTERINE CANCER (Colaris)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
Y	N	Have YOU had uterine (endometrial) cancer or colon cancer <i>before age 50</i>				
Y	N	Have YOU and at least one other family member had any of the following cancers <i>at any age</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel				
Y	N	Have YOU ever had <u>any 2</u> of the following cancers <i>at any age</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel cancer				
Y	N	If you have never had any of these cancers, are there <u>3 or more</u> of the following cancers in your family <i>at any age</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel				
Y	N	If you have never had any of these cancers, are there <u>2 or more</u> of the following cancers in your family with <i>at least 1 before age 50</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel				
Y	N	Have you or anyone in your family had 10 or more colon polyps found in a lifetime				

BREAST AND OVARIAN CANCER (BRCA)

Y	N	1 case of Breast cancer <i>under age 50</i>				
Y	N	2 cases of Breast cancer <i>one under age 50</i>				
Y	N	Breast cancer in both breasts OR multiple primary breast cancers				
Y	N	Ovarian cancer <i>at any age</i>				
Y	N	Male breast cancer <i>at any age</i>				
Y	N	Are you of Ashkenazi Jewish descent?				
Y	N	Breast Cancer diagnosis with Triple Negative Receptors: ER-, PR-, and HER2- <i>under age 60</i>				
Y	N	<u>3 cases of</u> : breast, ovarian, or pancreatic cancer <i>at any age</i> and IN ANY COMBINATION				

Patient's Signature: _____ Date: _____