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# Family History Questionnaire for Common Hereditary Cancer Syndromes

**Patient Name:** ________________________________ **Date of Birth:** ______/_____/_____
**Pysician:**____________________________________ **Date completed:**_____/_____/______

Instructions: Please circle **Y** to those that apply to YOU and/or YOUR FAMILY (on both your **mother's or father's side**). Behind each statement, please list the relationship to you of the individual diagnosed (such as self, paternal uncle, maternal aunt, paternal grandmother) and their age at diagnosis. Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary cancer syndromes, if you circle **Y** to any statements below, you MAY be appropriate for genetic testing. Ask your healthcare provider for additional information.

| **BREAST AND OVARIAN CANCER** | **RELATIONSHIP** | **AGE AT DIAGNOSIS** |
|---|---|---|
| Y N - Breast cancer before age 50 | ______________________ | _____________ |
| Y N - Ovarian cancer | ______________________ | _____________ |
| Y N - Breast cancer after age 50 | ______________________ | _____________ |
| Y N - Both breast & ovarian cancer | ______________________ | _____________ |
| (in an individual or family) | ______________________ | _____________ |
| Y N - Male breast cancer | ______________________ | _____________ |
| Y N - 2 or more breast or ovarian cancers | ______________________ | _____________ |
| (in an individual or a family) | ______________________ | _____________ |
| Y N - Ashkenazi Jewish ancestry & personal or | ______________________ | _____________ |
| family history of breast or ovarian cancer | ______________________ | _____________ |
| **COLON AND UTERINE CANCER** | | |
| Y N - Uterine cancer before age 50 | ______________________ | _____________ |
| Y N - Colorectal cancer before age 50 | ______________________ | _____________ |
| Y N - Both uterine & colorectal cancer | ______________________ | _____________ |
| (in an individual or family) | ______________________ | _____________ |
| Y N - 2 or more uterine or colorectal cancers | ______________________ | _____________ |
| (in an individual or a family) | ______________________ | _____________ |
| Y N - Uterine and/or colorectal cancer AND ovarian, | ______________________ | _____________ |
| stomach, kidney/urinary tract, brain OR small | ______________________ | _____________ |
| bowel cancer (in an individual or family) | ______________________ | _____________ |
| Y N - 10 or more colon polyps found in a lifetime | ______________________ | _____________ |

| | |
|---|---|
| ☐ Candidate for further risk assessment and/or genetic testing | ☐ Patient offered genetic testing |
| ☐ Information given to patient to review | ☐ **Accepted** ☐ **Declined** |
| ☐ Follow up appointment scheduled Date: ____/_____/_____ | ☐Not indicated at this time |

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