

## Family History Questionnaire for Common Hereditary Cancer Syndromes

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age of First Period:** \_\_\_\_\_ **Age of First Child (if applicable):** \_\_\_\_\_  
**Are You Menopausal:** Yes or No **Have you ever used Hormone Replacement Therapy?** Yes or No  
**Has anyone in your family had genetic testing for a hereditary cancer syndrome?** Yes or No

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:</i>	<i>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)
<b>Y</b>	<b>N</b>	Have <b>YOU</b> had uterine (endometrial) cancer or colon cancer <i>before age 50</i>				
<b>Y</b>	<b>N</b>	Have <b>YOU</b> 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				
<b>Y</b>	<b>N</b>	Have <b>YOU</b> 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				
<b>Y</b>	<b>N</b>	If you have never had any of these cancers, are there <u>3 or more</u> of the following cancers <b>in your family</b> <i>at any age</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel				
<b>Y</b>	<b>N</b>	If you have never had any of these cancers, are there <u>2 or more</u> of the following cancers <b>in your family</b> with <i>at least 1 before age 50</i> : endometrial, colon, ovarian, stomach, kidney/urinary tract, brain, or small bowel				
<b>Y</b>	<b>N</b>	Have you or anyone in your family had 10 or more colon polyps found in a lifetime				

### BREAST AND OVARIAN CANCER (BRCA)

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

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_