Family History Questionnaire for Common Hereditary Cancer Syndromes							
Patien	t Name	ə:		P	Physician:		
Date of Birth: Date					completed:		
each s patern cance cance	stateme al grar r diagn r syndr	ent, p ndmo osis ome	olease other) more es, if yo	cle Y to those that apply to YOU <u>and/or</u> YO list the relationship to you of the individual and their age at diagnosis. Each statement than once as you answer these questions. bu circle Y to any statements below, you Manformation.	diagnosed (such as self, paterna should be answered individually, This is a screening tool for the co	al uncle, maternal aunt, , so you may list the same ommon features of hereditar	
BREAST AND OVARIAN CANCER					RELATIONSHIP	AGE AT DIAGNOSIS	
	Yes		No	Personal Breast cancer before age 50			
	Yes Yes		No No	Ovarian cancer Breast cancer in both breasts or multiple primary breast cancers			
	Yes		No	Both breast & ovarian cancer (in an individual or family)			
	Yes Yes		No No	Male breast cancer 2 or more breast or ovarian cancers			
	Yes		No	(in an individual or a family) Ashkenazi Jewish ancestry & personal of family history of breast or ovarian cancer			
COLO	Ν ΑΝΓ) UT	ERINI	E CANCER			
	Yes		No	Personal Uterine cancer before age 50			
	Yes		No	Personal Colorectal cancer before age 5	.0		
	Yes		No	Both uterine & colorectal cancer (in an individual or family)			
	Yes		No	2 or more uterine or colorectal cancers (in an individual or family)			
	Yes		No	Uterine and/or colorectal cancer AND ovarian, stomach, kidney/urinary tract, brain OR small bowel cancer (in and individual or family)			
	Yes		No	10 or more colon polyps found in a lifeting	ne		
				s in you or your family:			
				•	☐ Patient offered genetic testing☐ Accepted☐ Declined		
		-		nt scheduled – Date:			
DATIENTI	SIGNATU	IDE		DATE TIME HEALTH	H CARE PROVIDER'S SIGNATURE	DATE TIME	



PATIENT IDENTIFICATION LABEL