

# 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.

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
<i>For example:</i> Colorectal cancer	<i>none</i>	<i>-</i>	<i>Brother</i>	<i>36 yrs</i>	<i>Aunt Cousin</i>	<i>44 yrs 58 yrs</i>	<i>Grandfather</i>	<i>65 yrs</i>

## BREAST AND OVARIAN CANCER

Breast cancer (male or female)

Ovarian cancer

Breast cancer in both breasts OR multiple primary breast cancers

Male breast cancer

Pancreatic or prostate cancer

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
Breast cancer (male or female)								
Ovarian cancer								
Breast cancer in both breasts OR multiple primary breast cancers								
Male breast cancer								
Pancreatic or prostate cancer								

Are you of Ashkenazi Jewish descent?  Yes  No

## COLON AND UTERINE CANCER

Uterine (endometrial) cancer

Colorectal cancer

Colon/rectal, uterine/endometrial, ovarian, stomach/gastric, kidney/urinary tract, biliary tract, small bowel, pancreas, brain, and sebaceous adenomas

10 or more cumulative colon polyps

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
Uterine (endometrial) cancer								
Colorectal cancer								
Colon/rectal, uterine/endometrial, ovarian, stomach/gastric, kidney/urinary tract, biliary tract, small bowel, pancreas, brain, and sebaceous adenomas								
10 or more cumulative colon polyps								

## MELANOMA

Melanoma

Pancreatic cancer

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
Melanoma								
Pancreatic cancer								

## OTHER CANCER

	YOU	Age at Diagnosis	SIBLINGS/CHILDREN	Age at Diagnosis	MOTHER'S SIDE	Age at Diagnosis	FATHER'S SIDE	Age at Diagnosis
OTHER CANCER								

HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER HAD GENETIC TESTING FOR HEREDITARY RISK OF CANCER?

Yes  No If yes, please explain: \_\_\_\_\_

If answered "yes", obtain copy of relatives test result.

### FOR OFFICE USE ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Patient appropriate for further risk assessment and/or genetic testing<br><input type="checkbox"/> BRACAnalysis® – A test for Hereditary Breast and Ovarian Cancer syndrome<br><input type="checkbox"/> COLARIS® – A test for Lynch syndrome (Hereditary Nonpolyposis Colorectal Cancer)<br><input type="checkbox"/> COLARIS AP® – A test for Adenomatous Polyposis syndromes<br><input type="checkbox"/> MELARIS® – A test for Hereditary Melanoma | <input type="checkbox"/> Discussed hereditary cancer risk with patient<br><input type="checkbox"/> Patient offered genetic testing<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED<br><input type="checkbox"/> Follow up appointment scheduled<br>Date: _____ |
|--|--|

## NCCN Simplified

### One (1<sup>st</sup> or 2<sup>nd</sup> 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 1<sup>st</sup> or 2<sup>nd</sup> degree relative)
- One instance breast 46-50 (1<sup>st</sup> or 2<sup>nd</sup>) 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 1<sup>st</sup> or 2<sup>nd</sup> degree relative)

## RELATIVES

1 <sup>ST</sup> DEGREE	2 <sup>ND</sup> DEGREE	3 <sup>RD</sup> 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 1<sup>st</sup> 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.(1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree relatives)**