

Personal & Family History Questionnaire for Hereditary Cancer Risk Assessment



TODAY'S DATE:	PATIENT NAME:	DATE OF BIRTH:	AGE:
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Your Personal & Family History of Cancer is Important to Provide You With the Best Care Possible

Please mark "Yes" or "No" below if there is a **personal or family history** of any of the following cancers.

If yes, indicate family relationship and age at diagnosis in the appropriate column.

Include both sides of your family and list each member separately: parents, children, brothers, sisters, grandparents, aunts, uncles, nieces and nephews

Personal and Family History Have you or your family members been diagnosed with any of the following:		YOU	SIBLINGS / CHILDREN	MOTHER'S SIDE	FATHER'S SIDE
		Age	Family Member and Age	Family Member and Age	Family Member and Age
EXAMPLE: Breast cancer	<input checked="" type="radio"/> Y <input type="radio"/> N	Age 49	Sister 55, Daughter 33	Aunt #1 67 Aunt #2 45	Grandma 84
Breast cancer at or before age 45	<input type="radio"/> Y <input type="radio"/> N				
2 or more separate breast cancers in one person, one at age 50 or younger	<input type="radio"/> Y <input type="radio"/> N				
2 relatives with breast cancer , one at age 50 or younger	<input type="radio"/> Y <input type="radio"/> N				
Ovarian cancer at any age	<input type="radio"/> Y <input type="radio"/> N				
Triple Negative Breast cancer at age 60 or younger	<input type="radio"/> Y <input type="radio"/> N				
3 or more of these cancers on same side of the family at any age: pancreatic, breast, or aggressive prostate	<input type="radio"/> Y <input type="radio"/> N				
Male breast cancer at any age	<input type="radio"/> Y <input type="radio"/> N				
Jewish ancestry with breast cancer at any age	<input type="radio"/> Y <input type="radio"/> N				
Jewish ancestry with pancreatic cancer and one relative with breast, ovarian, pancreatic OR aggressive prostate cancer	<input type="radio"/> Y <input type="radio"/> N				
10 or more pre-cancerous colon polyps found in 1 person throughout their lifetime. Total number _____	<input type="radio"/> Y <input type="radio"/> N				
Colorectal or Uterine (endometrial) cancer before age 50	<input type="radio"/> Y <input type="radio"/> N				
<u>TWO</u> individuals in my family (myself included): at least 1 with colorectal or uterine (endometrial) cancer at any age <u>AND ALSO</u> 1 diagnosed before age 50 with a Lynch-associated* cancer	<input type="radio"/> Y <input type="radio"/> N				
<u>THREE OR MORE</u> individuals in my family (myself included) with a Lynch-associated* cancer at any age, with at least 1 being a colorectal or uterine (endometrial) cancer	<input type="radio"/> Y <input type="radio"/> N				

* Lynch-associated cancers include: colon, uterine (endometrial), stomach, ovarian, pancreatic, brain, small bowel, kidney, urinary tract, biliary tract, sebaceous (skin gland).

Have you or a family member had genetic testing for a BRCA, Lynch or polyposis mutation ?	<input type="radio"/> Y <input type="radio"/> N	If yes, who in your family had testing, when, and if known, where?:
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OFFICE USE ONLY	<ul style="list-style-type: none"> Does patient meet: 1. NCCN guidelines for HBOC? <input type="radio"/> Y <input type="radio"/> N 2. NCCN guidelines for (A)FAP? <input type="radio"/> Y <input type="radio"/> N 3. SGO guidelines for Lynch syndrome? <input type="radio"/> Y <input type="radio"/> N Genetic testing recommended? <input type="radio"/> Y <input type="radio"/> N If YES, which test? <input type="radio"/> BRCAAnalysis® with Myriad myRisk™ <input type="radio"/> COLARIS® with Myriad myRisk™ <input type="radio"/> COLARISAP® with Myriad myRisk™ <input type="radio"/> Multi-Site with Reflex Myriad myRisk™ <input type="radio"/> Single Site _____ Provide rationale for recommendation: <input type="radio"/> Guidelines met <input type="radio"/> Other (please specify): _____ Patient accepts same day genetic testing: <input type="radio"/> Y <input type="radio"/> N Patient advised to schedule follow-up appointment: <input type="radio"/> Y <input type="radio"/> N 	
	PROVIDER'S SIGNATURE:	TODAY'S DATE: