

Women's Health Partners, LLC

Family History Questionnaire for Common Hereditary Cancer Syndromes

www.myobgynoffice.com

Name: _____

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

Yes No

RELATIONSHIP

AGE AT DIAGNOSIS

- Breast cancer before 50
- Ovarian cancer
- Breast cancer in both breast or multiple primary breast cancers
- Both breast & ovarian cancer (in an individual or family)
- Male breast cancer
- 2 or more breast or ovarian cancers (in an individual or family)
- Ashkenazi Jewish ancestry & personal or family history of breast or ovarian cancer

_____	_____
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_____	_____

COLON AND UTERINE CANCER

Yes No

RELATIONSHIP

AGE AT DIAGNOSIS

- Uterine cancer before 50
- Colorectal cancer before 50
- Both uterine & colorectal cancer (in an individual or family)
- 2 or more uterine or colorectal cancers (in an individual or family)
- Uterine and/or colorectal cancer AND ovarian, stomach, kidney/urinary tract, brain or small bowel cancer (in an individual or family)

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_____	_____

COLON POLYP HISTORY

Yes No

RELATIONSHIP

AGE AT DIAGNOSIS

- 10 or more colon polyps found in lifetime

_____	_____
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MELANOMA

Yes No

RELATIONSHIP

AGE AT DIAGNOSIS

- 2 or more melanoma (in individual or family)
- Both melanoma and pancreatic cancer (in individual or a family)

_____	_____
_____	_____