

## FAMILY HISTORY QUESTIONNAIRE FOR COMMON HEREDITARY CANCER SYNDROMES

Patient Name:			Date of birth:				MRN:	
Date completed:				What's	s your family's ethnic ba	ckground	?	_
Are you of Eastern Eu	Yes !	s No Your physician is:						
Have you or your famil	y members eve	er had g	enetic testing f	or a her	editary cancer?Y	esNo		
Please record a <u>personal</u> or <u>family history</u> of any of the following cancers. If yes, then indicate the family relationship and the age their cancer was identified in the appropriate column.								
Cancer Type	Yourself (Patient)	Age at Diagnosis	Siblings/ Children	Age at Diagnosis	Mothers Side (your grandparents, aunts, uncles and cousins)	Age at Diagnosis	Fathers Side (your grandparents, aunts, uncles and cousins)	Age at Diagnosis
For Example:	nono	_	Sister	42	Grandmother	60	nono	
Breast Cancer	none		Sister	42	Aunt	60 54	none	-
Breast Cancer								
Breast cancer in both breasts or multiple breast cancers (2 or more times)								
Male breast cancer								
Ovarian Cancer								
Melanoma								
Colorectal Cancer								
Small bowel or other Intestinal cancer								
10 or more polyps								
Pancreatic cancer								
Prostate cancer								
Brain cancer								
Kidney or Urinary Tract cancer								
Thyroid cancer								
Other Cancers								