

GENESYS WOMEN SERVICES, P.A.

FAMILY HISTORY QUESTIONNAIRE FOR COMMON HEREDITARY CANCER

NAME: _____ DOB: _____ BEST CONTACT NUMBER: _____
 EMAIL: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
 AGE AT DELIVERY OF FIRST CHILD: _____ AGE AT FIRST PERIOD: _____ MOTHERS AGE: _____
 ARE YOU MENOPAUSAL? YES/NO ARE YOU ON HORMONES THERAPY YES/ NO IF YES HOW LONG? _____

IF YES, WHAT WAS THE RESULT: _____

IF THERE IS A PERSONAL OF FAMILY HISTORY OF ANY OF THE LISTED TYPES OF CANCER PLEASE CIRCLE YES OR NO. TELL US THE FAMILY RELATIONSHIP AND AGE AT DIAGNOSIS (I.E. MOM,45) IN THE APPROPBATE COLUMN, PLEASE INCLUDE PARENTS, CHILDREN, BROTHERS, SISTERS, GRANPPARENTS, AUNTS, UNCLES AND COUSINS.

Y	N	TYPE OF CANCER	YOU	SIBLING/CHILDREN	MATERNAL	PARENTAL
Y	N	BREAST, BOTH BREASTS, MULTIPLE, 1 BREAST				
Y	N	OVARIAN CANCER				
Y	N	MALE BREAST CANCER				
Y	N	ASHKENZI JEWISH DESCENT				
Y	N	UTERINE (ENDOMETRIAL) CANCER, NOR CERVICAL				
Y	N	COLON CANCER				
Y	N	STOMACH, KIDNEY/URINARY, BRAIN, SMALL BOWEL, INTESTINAL				
Y	N	10 OR MORE COLON POLYPS LIFETIME?				
Y	N	PROSTRATE				
Y	N	PANCREATIC				
Y	N	MALIGNANT MELANOMA				

PATIENT SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY YES NO
 BRCA/LYNCH/myRISK TESTING INDICATED? YES NO IF YES: ACCEPTED DECLINED
 FOLLOW-UP APPOINTMENT SCHEDULED? YES NO IF YES: DATE OF APPOINTMENT

Provider Signature: _____ Date: _____

BRCA-PERSONAL OR FAM HISTORY
 One person with (out to 2nd degree)
 Breast Cancer at 45 or younger
 Ovarian cancer at any age
 Male breast cancer at any age
 Breast cancer + Jewish heritage
 Bilateral breast cancer at 50 or younger
 Triple negative breast cancer at any age

BRCA-PERSONAL OR FAM HISTORY
 Two persons with (out to 3rd degree)
 *Two breast cancer w/1<50 yrs old
 *Breast & ovarian cancer (at any age)
 Three persons with (out to 3rd degree)
 *Breast and/or Ovarian and/or Pancreatic (any age) and/or aggressive prostate cancer

LYNCH SYNDROME (COLON/ENDOMETRIAL)
 Personally affected with:
 *Colon and/or Endometrial cancer at <50 yrs old
 *Family history of unknown Lynch mutations
 Family history of colon, Endometrial or Lynch Cancers (out to 2nd degree) (i.e. Gastric, ovarian, brain, kidney, *1 or more Lynch cancers, 1dx <50yrs old