

Hereditary Cancer Questionnaire

(to be completed by patients)

Patient Name: _____

Date of Birth: _____

Today's Date: _____

Instructions: This is a screening tool to help your healthcare provider determine if you would benefit from hereditary cancer genetic testing. Your healthcare provider will review this form looking for any risk factors for a hereditary cancer syndrome such as similar types of cancer running in the family, cancers diagnosed at young ages, or multiple cancer diagnoses in the same person.

DOES CANCER RUN IN YOUR FAMILY? CHECK THOSE THAT APPLY.

Please fill this form out to the best of your ability. Please only consider family members related to you **by blood**, such as your parents, grandparents, children, brothers, sisters, aunts, uncles, and cousins. If you share only one parent with a brother or sister, please indicate that.

	TYPE OF CANCER	YOURSELF/PARENTS/ BROTHERS/ SISTERS/CHILDREN	AGE AT DIAGNOSIS <small>(estimates are OK)</small>	EXTENDED FAMILY (MOTHER'S SIDE) <small>Aunts/Uncles/Cousins/ Grandparents /Other</small>	AGE AT DIAGNOSIS <small>(estimates are OK)</small>	EXTENDED FAMILY (FATHER'S SIDE) <small>Aunts/Uncles/Cousins/ Grandparents /Other</small>	AGE AT DIAGNOSIS <small>(estimates are OK)</small>
<input checked="" type="checkbox"/>	EXAMPLE: Colorectal Cancer	Me	42			Aunt Uncle	46 55
<input type="checkbox"/>	BREAST CANCER <small>(in women or men)</small>						
<input type="checkbox"/>	OVARIAN CANCER <small>(peritoneal/ fallopian tube)</small>						
<input type="checkbox"/>	UTERINE (ENDOMETRIAL) CANCER						
<input type="checkbox"/>	COLORECTAL CANCER						
<input type="checkbox"/>	PANCREATIC CANCER						
<input type="checkbox"/>	KIDNEY (RENAL) CANCER						
<input type="checkbox"/>	OTHER CANCER Type: _____						
<input type="checkbox"/>	OTHER CANCER Type: _____						
<input type="checkbox"/>	OTHER CANCER Type: _____						
<input type="checkbox"/>	MORE THAN 10 COLORECTAL POLYPS <small>(indicate how many)</small>						
<input type="checkbox"/> My family's heritage is Ashkenazi Jewish (an ethnic background that may have a higher likelihood of hereditary cancer)							
<input type="checkbox"/> I, or someone in my family, have had genetic testing for a hereditary cancer syndrome. <small>(Please describe and provide a copy of result if possible)</small>							
_____ _____							