



Today's Date _____

Family History Questionnaire: Common Hereditary Cancer Syndromes

*Please include ages of diagnosis
in the appropriate area if you or your relative(s) have had the following types of cancer*

EXAMPLE	Breast	Ovarian	Colon	Uterine	Prostate	Pancreatic	Gastric	Melanoma
Maternal Aunt		65						
Maternal Grandmother	49							

	Breast	Ovarian	Colon	Uterine	Prostate	Pancreatic	Gastric	Melanoma
Self								
Sister(s)								
Brother(s)								
Mother								
Father								
Son(s)/Daughter(s)								
Mother's Side								
Maternal Aunt(s)								
Maternal Uncle(s)								
Maternal Grandmother								
Maternal Grandfather								
Cousin(s)/Others								
Father's Side								
Paternal Aunt(s)								
Paternal Uncle(s)								
Paternal Grandmother								
Paternal Grandfather								
Cousin(s)/Others								

Print Patient Name _____ Date of Birth _____

Patient Signature _____ Provider Initials _____ Accepted _____ Declined _____

- 1 ovarian cancer at any age (rare)
- 1 family member with cancer dx at 45 or younger (young)
- 2 family members (same side) with one dx under 50 (young)
- 3 family members (same side) dx at any ages (multiples)
- Triple Negative Breast Cancer (TNBC) dx under 60
- Male breast cancer (rare)
- Ashkenazi Jewish descent (1 in 40 carry mutation)