Family History Screening Tool

Age: _____ Height: _____ Weight: _____
Your age at first period: _____
Your age at first childbirth (if applicable):_____
Are you menopausal: Yes or No If yes, your age at menopause: ____
Have you ever used Hormone Replacement Therapy? Yes or No
If yes, for how long? _____
Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No

Patient Label

Please indicated if there is a **personal or family history** of any of the following cancers. If yes, then **indicate family relationship** and **AGE at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, half-siblings, grandparents, aunts, uncles, nieces, nephews, great aunts/uncles, great grandparents, and cousins.

Example: Colon Cancer Brother 36yrs Aunt 44 yrs Grandfather 65yrs

BREAST AND OVARIAN CANCER (HBOC)

			You (Age of Diagnosis)	Siblings/Children (Age of Diagnosis)	Mother's Side (Age of Diagnosis)	Father's Side (Age of Diagnosis)
Y	**N**	Breast Cancer				
Y	**N**	Breast Cancer in both breasts OR multiple primary breast cancers				
Y	**N**	Ovarian Cancer				
Y	**N**	Male Breast Cancer				
		Are you of Ashkenazi Jewish descent? Please circle:	YES / NO			

COLON AND UTERINE CANCER (LYNCH)

			You (Age of Diagnosis)	Siblings/Children (Age of Diagnosis)	Mother's Side (Age of Diagnosis)	Father's Side (Age of Diagnosis)
Y	**N**	Endometrial (Uterine) Cancer				
Y	**N**	Colon Cancer				
Y	**N**	Pancreatic Cancer (HBOC/LYN)				
Y	**N**	Melanoma (HBOC)				
Y	**N**	Prostate Cancer (HBOC)				
Y	**N**	Other Cancers				

Patient's Signature: _____ Date: _____

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Patient offered hereditary cancer testing?
[ ] NO [ ] Yes ACCEPTED DECLINED HEALTH CARE PROVIDER SIGNATURE: _____
PATIENT HAS AN HMO THAT REQUIRES PREAUTH: _____

1st degree: parents, siblings, children. 2nd degree: grandparents, aunts/uncles, nieces/nephews, ½ siblings. 3rd degree: great grandparents, great aunts/uncles, 1st cousins

HBOC – Personal or Family History

One person with: (out to 2nd degree)

- Breast CA (diagnosed <46)
- Ovarian CA, any age
- Male Breast CA, any age
- Breast CA with Ashkenazi Jewish heritage, any age
- Bilateral Breast CA (diagnosed <51)
- Triple negative Breast CA (diagnosed <61)

Two persons with: (out to 3rd degree)

- Breast Cancer (1 diagnosed <51)
- Breast Cancer & Ovarian Cancer, any

Three Persons with: (out of 3rd degree)

- Breast and/or pancreatic and/or ovarian, any age

LYNCH*--Personal or Family History

One or Two persons with: (out to 2nd degree)

- Endometrial or Colorectal Cancer (1 diagnosed <51)
- 1 Lynch* cancer <50 w/ an Endometrial or CRC Cancer, any age

Three persons with: (out to 2nd degree)

- Lunch* cancers with 1 being Endometrial or Colorectal, any age

*Endo. CRC, ovarian, stomach, brain, pancreas, small bowel, ureter/renal pelvis, biliary tract, sebaceous adenomas