

Does cancer run in your family? Answer these questions about biological (blood) relatives on both sides of your family:

PARENTS CHILDREN AUNTS & UNCLAS
BROTHERS & SISTERS GRANDCHILDREN NIECES & NEPHEWS
HALF SIBLINGS GRANDPARENTS

PATIENT NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____

TODAY'S DATE (mm/dd/yy) _____

1 Have you or any of your relatives had BREAST CANCER?

NO YES
 →
↓

N Y Do you have 2 or more relatives with any of these cancers? (Including yourself)
○ BREAST CANCER ○ PANCREATIC CANCER ○ PROSTATE CANCER

N Y Do you have any grandparents who are Ashkenazi Jewish?

Have you or any of your relatives been diagnosed with:

- N Y Breast cancer at age 45 or younger?
N Y Male breast cancer?
N Y Triple negative breast cancer at age 60 or younger? *these are rare*
N Y Two different breast cancers, with the first diagnosed at age 50 or younger?

If YES to any, fill out the other side of this form.

2 Have you or any of your relatives had LYNCH SYNDROME-RELATED CANCERS? (see list at right)

NO YES
 →
↓

N Y Do you have 2 or more relatives with any of these cancers? (Including yourself)

LYNCH SYNDROME-RELATED CANCERS

- COLORECTAL CANCER ○ SMALL BOWEL CANCER ○ URETER CANCER
○ UTERINE CANCER ○ BILIARY TRACT CANCER ○ BRAIN TUMORS
○ STOMACH CANCER ○ KIDNEY CANCER ○ PANCREATIC CANCER

N Y Have you or any of your close relatives (parents, children, siblings) been diagnosed with colorectal or uterine cancer at age 49 or younger?

N Y Have you or any of your relatives been diagnosed with two different types of Lynch syndrome-related cancers (in the same person)?

If YES to any, fill out the other side of this form.

3 Have you or any of your relatives had OVARIAN, FALLOPIAN TUBE, or PERITONEAL CANCER?

NO YES
 →
↓

If YES, fill out the other side of this form.

If you answered NO to all the questions, you don't need to fill out the other side.

OFFICE USE ONLY Reviewed by: _____

Are **outlined** questions checked on front side?

- Yes → Turn to other side and count the cancers.
 No

Are **shaded** questions checked on front or back side?

- Yes → Patient likely meets NCCN criteria. → Patient accepted testing?
 No

- Yes Date drawn: _____
 No

CANCER FAMILY HISTORY



PATIENT NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____

Complete this side if you have relatives with these cancers only

- BREAST
- PANCREATIC
- PROSTATE
- OVARIAN
- FALLOPIAN TUBE
- PERITONEAL
- LYNCH SYNDROME-RELATED CANCERS
- COLORECTAL
- UTERINE
- STOMACH
- SMALL BOWEL
- BILIARY TRACT
- KIDNEY
- URETER
- BRAIN TUMORS

If you have more affected relatives, use the "other" space in each category.

*AVAILABLE TO TEST?

Tell us if affected relatives are available for testing by writing the appropriate letter code in the box.

- N** Unavailable due to personal reasons
- E** Estranged; unable to contact
- D** Deceased
- Y** Available for testing

Some health plans require this information to determine eligibility.

Relatives on your mother's side

MOTHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL

MATERNAL AUNT/UNCLE

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

MATERNAL AUNT/UNCLE

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

MATERNAL GRANDMOTHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL

MATERNAL GRANDFATHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

PROSTATE

OTHER MATERNAL relationship: _____

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

Relatives on your father's side

FATHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

PROSTATE

PATERNAL AUNT/UNCLE

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

PATERNAL AUNT/UNCLE

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

PATERNAL GRANDMOTHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL

PATERNAL GRANDFATHER

Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

PROSTATE

OTHER PATERNAL relationship: _____

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

Relatives that belong to both your mother's and father's sides

YOU

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

YOUR SIBLING

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

YOUR CHILD

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

YOUR NIECE/NEPHEW

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

YOUR GRANDCHILD

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

OTHER relationship: _____

Female Male Age diagnosed: _____ Available to test?*: _____

BREAST PANCREATIC LYNCH specify: _____

OVARIAN FALLOPIAN PERITONEAL PROSTATE

OFFICE USE ONLY

If outlined questions are checked on the front, count the affected relatives on the **same side of the family**.

Relatives in the bottom category (YOU, YOUR SIBLING, etc.) count on **both sides of the family**.

N Y 3 people on the same side of the family with BREAST, PANCREATIC, or PROSTATE CANCER?

N Y 2 people on the same side of the family with BREAST, PANCREATIC, or PROSTATE CANCER, with one person diagnosed with breast cancer at age 50 or younger?

N Y 3 people on the same side of the family with LYNCH-RELATED or PANCREATIC CANCER?

N Y 2 people on the same side of the family with LYNCH-RELATED or PANCREATIC CANCER with one person diagnosed at age 49 or younger?