

Screening for Family History of Hereditary Cancers

Patient Name: _____ **Date of Birth:** _____

Please indicate below whether **YOU** or a **BLOOD RELATIVE** has been diagnosed with any of the cancers listed. Consider your parents, children, siblings, grandparents, aunts, uncles, and cousins. Indicate **FAMILY RELATIONSHIP** and **AGE AT DIAGNOSIS**.

Please circle			You Age <u>you</u> were diagnosed	Siblings/Children (Who + age at diagnosis) <i>Ex: Brother, 36 yrs</i>	Your mother's side (Who + age at diagnosis) <i>Ex: Aunt, 44 yrs</i>	Your father's side (Who + age at diagnosis) <i>Ex: Grandpa, 65 yrs</i>
Y	N	Breast cancer				
Y	N	Breast cancer in both breasts or multiple primary breast cancers				
Y	N	Ovarian <u>cancer</u> (NOT benign ovarian cysts)				
Y	N	Male breast cancer				
Y	N	Uterine (endometrial) cancer (<i>NOTE: do not include cervical cancer</i>) This pertains to cancer of the lining of the uterus (endometrium).				
Y	N	Colon cancer				
Y	N	Stomach, kidney/urinary tract, brain, or small bowel/intestinal cancer (<i>NOTE: Please circle or write appropriate cancer in column</i>)				
Y	N	10 or more colon polyps found in a lifetime				
Y	N	Prostate cancer				
Y	N	Pancreatic cancer (Colaris/BRCA)				
Y	N	Malignant melanoma				
Y	N	Other cancers not listed above				

Are you of Ashkenazi Jewish descent? **Yes** **No**
 Have you or someone in your family been diagnosed with a BRCA 1 or 2 OR a Lynch mutation? **Yes** **No**

Patient's Signature: _____ **Date:** _____

For Office Use Only: Patient meets criteria for hereditary cancer testing? **Yes** **No**
 If YES: **ACCEPTED DECLINED UNDECIDED**

Provider Signature: _____ **Date:** _____

<p>BRCA - Personal or Family History One person with (out to 2nd degree)</p> <ul style="list-style-type: none"> • 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 • Fam hx of known BRCA1 or BRCA2 mutations 	<p>BRCA - Personal or Family History Two persons with (out to 3rd degree)</p> <ul style="list-style-type: none"> • 2 breast cancers w/ 1 ≤ 50 yrs • Breast & ovarian cancer (any age) <p>Three persons with (out to 3rd degree)</p> <ul style="list-style-type: none"> • Breast and/or Ovarian and/or Pancreatic (any age) and/or aggressive prostate cancer 	<p>Lynch Syndrome (Colon/Endometrial)</p> <ul style="list-style-type: none"> • Colon and/or Endometrial cancer at ≤ 50 yrs <p>Family History of Colon, Endometrial, or Lynch Cancers (out to 2nd degree) (ie. Gastric, ovarian, brain, kidney, small bowel)</p> <ul style="list-style-type: none"> • 1 or more Lynch cancers, 1 dx ≤ 50 yrs • Two persons with (out to 3rd degree) <ul style="list-style-type: none"> • Three persons with (out to 3rd degree) • Family history of known Lynch mutation
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