

# Cancer Personal & Family History Questionnaire

Please answer the questions below to the best of your ability

- No personal history of cancer
- Family History of Breast, Ovarian or Endometrial Cancer
- Previous cancer diagnosis? If yes, define: \_\_\_\_\_
- Genetic testing for a cancer diagnosis? If yes, define: (gene/variant identified) \_\_\_\_\_
- Previous hereditary genetic testing? If yes, define: (gene/variant detected) \_\_\_\_\_  
 If yes is the variant:  Familial/Inherited or  Newly-identified/De Novo

Do you have a personal history of:	Yes	No	Which Cancer?	Age at Diagnosis?
Breast, ovarian or pancreatic cancer at any age?				
Colorectal, gastric or uterine cancer at 64 or younger?				

Do you have a family history of:	Yes	No	Relative	Mother's Side?	Father's Side?	Age at Diagnosis?
Breast Cancer at age 49 or younger?						
Two breast cancers (bilateral) in one relative at any age						
Three breast cancers in relatives on the same side of the family at any age						
Ovarian cancer at any age						
Pancreatic cancer at any age						
Male breast cancer at any age						
Metastatic prostate cancer at any age						
Colon cancer at 49 or younger						
Uterine cancer at 49 or younger						
Ashkenazi Jewish ancestry with breast cancer at any age						
Do you have a family history of other cancers?			If yes, please list:			
Has anyone in your family had genetic testing for hereditary cancer?			If yes, please list: (Who, what genes and results (if known))			
Other Clinical History:						