



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?
 N Y Two different breast cancers at age 50 or younger?] these are rare

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

- | | | |
|---|--|---|
| <input type="radio"/> COLORECTAL CANCER | <input type="radio"/> SMALL BOWEL CANCER | <input type="radio"/> URETER CANCER |
| <input type="radio"/> UTERINE CANCER | <input type="radio"/> BILIARY TRACT CANCER | <input type="radio"/> BRAIN TUMORS |
| <input type="radio"/> STOMACH CANCER | <input type="radio"/> KIDNEY CANCER | <input type="radio"/> PANCREATIC CANCER |

Have you or any of your relatives been diagnosed with:

- N Y Colorectal or uterine cancer at age 49 or younger?
 N Y Two different types of Lynch syndrome-related cancer in one person?] these are rare

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

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

Date drawn: _____

CANCER FAMILY HISTORY

Complete this side if you have relatives with these cancers only



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

PATIENT NAME _____

DATE OF BIRTH (mm/dd/yyyy) _____

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

Relatives on your mother's side

MOTHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Age diagnosed: _____
- Available to test?*

MATERNAL AUNT/UNCLE

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Female
- Male
- Age diagnosed: _____
- Available to test?*

MATERNAL AUNT/UNCLE

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Female
- Male
- Age diagnosed: _____
- Available to test?*

MATERNAL GRANDMOTHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Age diagnosed: _____
- Available to test?*

MATERNAL GRANDFATHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- PROSTATE
- Age diagnosed: _____
- Available to test?*

OTHER MATERNAL relationship: _____

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

Relatives on your father's side

FATHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- PROSTATE
- Age diagnosed: _____
- Available to test?*

PATERNAL AUNT/UNCLE

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Female
- Male
- Age diagnosed: _____
- Available to test?*

PATERNAL AUNT/UNCLE

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Female
- Male
- Age diagnosed: _____
- Available to test?*

PATERNAL GRANDMOTHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- Age diagnosed: _____
- Available to test?*

PATERNAL GRANDFATHER

- BREAST
- PANCREATIC
- LYNCH specify: _____
- PROSTATE
- Age diagnosed: _____
- Available to test?*

OTHER PATERNAL relationship: _____

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

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

YOU

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____

YOUR CHILD

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

YOUR GRANDCHILD

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

YOUR SIBLING

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

YOUR NIECE/NEPHEW

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

OTHER relationship: _____

- BREAST
- PANCREATIC
- LYNCH specify: _____
- OVARIAN
- FALLOPIAN
- PERITONEAL
- PROSTATE
- Female
- Male
- Age diagnosed: _____
- Available to test?*

*AVAILABLE TO TEST?

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

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

Some health plans require this information to determine eligibility.

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**.

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

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?

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

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