

CANCER FAMILY HISTORY

Name: _____

Date: _____

Date of Birth: _____

Provider: _____

We would like to know if there are any of the following cancers in your family. Please answer the following questions thinking about both your MOTHER(M) and FATHER(F)'s side of the family. This includes: mother, father, brother, sister, aunts, uncles, grandmother, grandfather, cousins and great-grandparents.

Have you or a family member had:	Y/N	Self	Family Member	Which side M/F?	Age at diagnosis
Breast Cancer diagnosed at age 50 or younger					
Ovarian Cancer					
Male Breast Cancer					
2 or more relatives with Breast Cancer on the <u>same</u> side of the family					
Multiple breast cancers in same person					
Pancreatic Cancer					
Colon Cancer diagnosed at age 50 or younger					
Endometrial Cancer diagnosed at age 50 or younger					
2 or more relatives with colon/endometrial/ovarian/stomach or brain cancer, at any age					

Has anyone been tested for BRCA mutation or Lynch Syndrome? _____

Are you Ashkenazi Jewish? _____

Are there any other cancers in your family? _____

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Candidate for screening _____ Patient: Accept/Decline Referred _____

MD Signature _____