

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

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**MATERNAL AUNT/UNCLE**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**MATERNAL AUNT/UNCLE**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**MATERNAL GRANDMOTHER**

Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL

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**MATERNAL GRANDFATHER**

Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

PROSTATE

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**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

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**PATERNAL AUNT/UNCLE**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**PATERNAL AUNT/UNCLE**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**PATERNAL GRANDMOTHER**

Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL

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**PATERNAL GRANDFATHER**

Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

PROSTATE

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**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

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**YOUR SIBLING**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**YOUR CHILD**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**YOUR NIECE/NEPHEW**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**YOUR GRANDCHILD**

Female  Male Age diagnosed: \_\_\_\_\_ Available to test?\*: \_\_\_\_\_

BREAST  PANCREATIC  LYNCH specify: \_\_\_\_\_

OVARIAN  FALLOPIAN  PERITONEAL  PROSTATE

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**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?