Family History Screening Form

Patient Name: ___________________________Date of Birth: _________ Age: ____ Height: ______ Weight: ______
Your age at First Period: _____ Your age at First Childbirth (if applicable):_______ Are you Menopausal: Yes or No
If yes, your age at Menopause: ____ Have you ever used Hormone Replacement Therapy? Yes or No If yes, for how long? _____
Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No

Please indicate if you have a **personal or family history** of any of the following cancers. If yes, then **write family relationship** and **AGE at diagnosis**. **Consider parents, children, brothers, sisters, half- siblings, grandparents, aunts, uncles, nieces, nephews.**

BREAST AND OVARIAN CANCER (HBOC)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
(Y)	N	**EXAMPLE:** *Breast Cancer*	———	———	*Aunt 53*	*Grandmother 45*
Y	N	**Breast Cancer**				
Y	N	**Breast Cancer in both breasts OR multiple primary breast cancers**				
Y	N	**Ovarian cancer** *(Peritoneal/Fallopian Tube)*				
Y	N	**Male breast cancer**				
Y	N	**Are you of Ashkenazi Jewish descent?**				

COLON AND UTERINE CANCER (LYNCH)

			You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
Y	N	**Endometrial (uterine) cancer**				
Y	N	**Colon/Rectal cancer**				
Y	N	**Ovarian, stomach, kidney, brain OR small bowel cancer**				
Y	N	**10 or more colon polyps in a lifetime** *(Specify #)*				

Y	N	**Prostate Cancer (HBOC)**				
Y	N	**Melanoma (HBOC)**				
Y	N	**Pancreatic Cancer (HBOC/Lynch)**				
Y	N	**Other Cancers**				

Patient's Signature: ____ Date: ____________________

For Office Use Only:
Patient offered hereditary cancer testing? HEALTH CARE PROVIDER SIGNATURE: ______________________
☐ YES ☐ NO ☐ ACCEPTED ☐ DECLINED
1st degree: parents, siblings, children. 2nd degree: grandparents, aunts/uncles, nieces/nephews, ½ siblings. 3rd degree: great grandparents, great aunts/uncles, 1st cousins.

HBOC - Personal or Family History (Derived from NCCN and USPSTF)

<u>One person with: (out to 2nd degree)</u>
- -Breast CA (diagnosed ≤49)
- -Ovarian CA, ANY AGE
- -Male breast CA, ANY AGE
- -Bilateral breast CA ANY AGE
- -Triple negative Breast CA (dx'd ≤60)
- -Ashkenazi Jewish Descent – breast or ovarian cancer ANY AGE (applies out to 3rd degree)
- -Pancreatic cancer dx ANY AGE
- -Metastatic prostate cancer dx ANY AGE

<u>Two persons with: (out to 3rd degree)</u>
- -Breast Cancer (at least 1 dx'd ≤ 50)
- -Prostate or Pancreatic at any age with a breast cancer ANY AGE

<u>Three Persons with: (out to 3rd degree)</u>
- -Combination of breast/ovarian/pancreatic/ or aggressive prostate

Lynch*- Personal or Family History (Derived from SGO)

<u>One person with: (out to 2nd degree)</u>
- -Endometrial or Colorectal Cancer (1 diagnosed ≤49)
- -CRC, endo, or ovarian cancer along with another Lynch associated cancer in the same individual (2 primaries, any age)

<u>Two persons: (out to 2nd degree)</u>
1 person with later onset (>50) endo or CRC and 1 person with an early onset (<50) other Lynch-related cancer

<u>Three persons with: (out to 2nd degree)</u>
-Lynch* cancers with 1 being Endometrial or Colorectal, any age
*Endo, CRC, ovarian, stomach, brain, pancreas, small bowel, ureter/ renal pelvis, biliary tract, sebaceous adenomas