

Family History Questionnaire for Hereditary Cancer Syndromes



www.genedx.com/
MyCancerHistory

Patient Name: _____ Date of Birth: _____ Gender: M / F Ethnicity: _____

Phone: _____ Email: _____ Date Completed: _____

Please complete the below questionnaire to assist your healthcare provider in determining if your personal or family history may be placing you or other family members at increased risk to develop cancer, and if you may be eligible for genetic testing (which is often done via a blood test).

Tips: • Each row should be completed independently • Affected relatives on your mother's side of the family should be listed in the pink boxes and affected relatives on your father's side of the family should be listed in the blue boxes • Age at diagnosis is the age at which the cancer was diagnosed • Other friends and family can assess their cancer risk by going to www.genedx.com/MyCancerHistory where they can complete this same form and share it with a healthcare professional.

Past genetic testing for cancer: Self Relative Result: _____

	You		Immediate Blood Relatives		Extended Blood Relatives (Aunts, Uncles, Grandparents, etc.)		
	Age at Diagnosis	Parents, Siblings or Children	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
Breast and Ovarian Cancer							
Example:							
Woman with Breast Cancer at age ≤50	45	Mother Sister	49 36	Maternal Aunt	46	Paternal First Cousin	50
Woman with Breast Cancer at age ≤50							
Woman with Breast Cancer >50							
"Triple Negative" Breast Cancer (Estrogen Receptor (ER) negative, Progesterone Receptor (PR) negative, HER2neu negative)							
Ovarian, fallopian tube, or primary peritoneal cancer							
A woman who has been diagnosed with both breast and ovarian cancer in her lifetime (two separate cancers)							
Male breast cancer							
Bilateral breast cancer (cancer in both breasts) or two breast primaries (Please specify)							
Ashkenazi (Eastern/Central European) Jewish ancestry with breast or ovarian cancer							
Pancreatic or Prostate Cancer (Please specify)							
Colorectal and Endometrial (Uterine) Cancer							
	Age at Diagnosis	Parents, Siblings or Children	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
Colorectal cancer or several pre-cancerous polyps (adenomas) at an age ≤50							
An individual who has been diagnosed with two or more colon cancers (not reoccurrences, but two separate primary cancers)							
A woman who has been diagnosed with endometrial (uterine) cancer at age ≤50 OR both colorectal and endometrial (uterine) cancer (Please specify)							
10 or more total pre-cancerous polyps (adenomas) in a person's lifetime							
Relatives with any of the below related cancers* Please specify							

* Related cancers include colon, endometrial (uterine), ovarian, stomach, pancreas, ureter, kidney, biliary tract, brain, small intestine, and sebaceous gland tumors/cancers

Patient Signature _____ Date _____



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