

# HEREDITARY CANCER QUESTIONNAIRE

## Personal Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender (M/F): \_\_\_\_\_ Today's Date(MM/DD/YY): \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_  
 Reason for Today's Visit: \_\_\_\_\_

**Instructions:** This is a screening tool for cancers that run in families. Please mark (Y) for those that apply to YOU and/or YOUR FAMILY. Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family.

**You and the following close blood relatives should be considered:** You, Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great-Grandchildren

## YOU and YOUR FAMILY's Cancer History (Please be as thorough and accurate as possible)

	CANCER	YOU AGE OF Diagnosis	PARENTS / SIBLINGS / CHILDREN	AGE OF Diagnosis	RELATIVES on your MOTHER'S SIDE	AGE OF Diagnosis	RELATIVES on your FATHER'S SIDE	AGE OF Diagnosis
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>EXAMPLE:</b> BREAST CANCER	45	-----	---	Aunt Cousin	45 61	Grandmother	53
<input type="checkbox"/> Y <input type="checkbox"/> N	BREAST CANCER (Female or Male)							
<input type="checkbox"/> Y <input type="checkbox"/> N	OVARIAN CANCER (Peritoneal/Fallopian Tube)							
<input type="checkbox"/> Y <input type="checkbox"/> N	UTERINE (ENDOMETRIAL) CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	COLON/RECTAL CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	10 or more LIFETIME COLORECTAL POLYPS (Specify #)							
<input type="checkbox"/> Y <input type="checkbox"/> N	OTHER CANCER(S) (Specify cancer type)	Among others, consider the following cancers: Melanoma, Pancreatic, Stomach (Gastric), Prostate, Brain, Kidney, Bladder, Small bowel, Sarcoma, Thyroid						

Y  N Are you of Ashkenazi Jewish descent?

Y  N Are you concerned about your personal and/or family history of cancer?

Y  N Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? (Please explain/include a copy of result if possible)

## Hereditary Cancer Red Flags (To be completed with your healthcare provider - Check all that apply)

Personal and/or family history of any one of the following:

<input type="checkbox"/>	<b>Multiple</b> A combination of cancers on the same side of the family:	<input type="radio"/> <b>2 or more:</b> breast / ovarian / prostate / pancreatic cancer <input type="radio"/> <b>2 or more:</b> colorectal / endometrial / ovarian / gastric / pancreatic / other (i.e., ureter/renal pelvis, biliary tract, small bowel, brain, sebaceous adenomas) <input type="radio"/> <b>2 or more:</b> melanoma / pancreatic
<input type="checkbox"/>	<b>Young</b> Any 1 of the following at age <b>50 or younger</b> :	<input type="radio"/> Breast cancer <input type="radio"/> Colorectal cancer <input type="radio"/> Endometrial cancer
<input type="checkbox"/>	<b>Rare</b> Any 1 of these rare presentations at <b>any age</b> :	<input type="radio"/> Ovarian cancer <input type="radio"/> Breast: Male breast cancer or Triple negative breast cancer <input type="radio"/> Colorectal cancer with abnormal MSI/IHC, or MSI associated histology <sup>††</sup> <input type="radio"/> Endometrial cancer with abnormal MSI/IHC <input type="radio"/> 10 or more colorectal polyps*

<sup>††</sup>Presence of tumor infiltrating lymphocytes, Crohn's-like lymphocytic reaction, mucinous/signet-ring differentiation, or medullary growth pattern \*Adenomatous type

Assessment criteria are based on medical society guidelines. For individual medical society guidelines, go to [www.MyriadPro.com](http://www.MyriadPro.com)

## Hereditary Cancer Risk Assessment Review (To be completed after discussion with healthcare provider)

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Patient offered hereditary cancer genetic testing?  YES  NO  ACCEPTED  DECLINED

Follow-up appointment scheduled:  YES  NO Date of Next Appointment: \_\_\_\_\_