HEREDITARY CANCER QUESTIONNAIRE

Personal Information									
Patient Name:			Date of Birth:					Age:	_
Gender (M/F): Too		oday's Da	Date of Birth:						
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	PARENTS / SIB CHILDREN		AGE OF Diagnosis	RELATIVES on your MOTHER'S SIDE	AGE OF Diagnosis	RELATIVES on your FATHER'S SIDE	AGE OF Diagnosis
⊠Y □N	EXAMPLE: BREAST CANCER	Diagnosis 45				Aunt Cousin	45 61	Grandmother	53
□Y □N	BREAST CANCER (Female or Male)								
□Y □N	OVARIAN CANCER (Peritoneal/Fallopian Tube)								
□Y □N	UTERINE (ENDOMETRIAL) CANCER								
□Y □N	COLON/RECTAL CANCER								
□Y □N	10 or more LIFETIME GASTROINTESTINAL POLYPS (Specify #)								
□Y □N	OTHER CANCER(S) (Specify cancer type)	Among others	s, consider the following	ng cancers: Me	lanoma, Pancre	eatic, Stomach (Gastric), Prostat	te, Brain, Kidney, Bladd	dder, Small bowel, Sarcoma, Thyroid	
☐ Y ☐ N Are you of Ashkenazi Jewish descent?									
	□ N Are you concerned abo						- Cantu	2 P. Connectición	
	□ N Have you or anyone in y		-						
	editary Cancer Red Floral and/or family history				healthca	re provider - Check a	all that apply)		
	Personal and/or family history of any one of the follo Multiple A combination of cancers on the same side of the family:			 2 or more: breast / ovarian / prostate / pancreatic cancer 2 or more: colorectal / endometrial / ovarian / gastric / pancreatic / other (i.e., ureter/renal pelvis, biliary tract, small bowel, brain, sebaceous adenomas) 2 or more: melanoma / pancreatic 					
	Young Any 1 of the following at age 50 or younger:			 Breast cancer Colorectal cancer Endometrial cancer 					
	Rare Any 1 of these rare presentations at <u>any</u> <u>age</u> :			 Ovarian cancer Breast: Male breast cancer or Triple negative breast cancer Colorectal cancer with abnormal MSI/IHC, or MSI associated histology Endometrial cancer with abnormal MSI/IHC 10 or more gastrointestinal polyps* 					
	ence of tumor infiltrating lymph ent criteria are based on medical societ						ation, or medulla	ary growth pattern *Adenoma	tous type
Assessment criteria are based on medical society guidelines. For individual medical society guidelines, go to www.MyriadPro.com Hereditary Cancer Risk Assessment Review (To be completed after discussion with healthcare provider)									
	Patient's Signature:								
	hcare Provider's Signature:						Date:		
For Office Use Only: Patient offered hereditary cancer genetic testing? YES NO ACCEPTED DECLINED									

