

1763 Freedom Drive
Suite 117
Naperville, IL 60563



Office: (630) 687-9595
Fax: (630) 839-5805
thewrightobgyn.com

CANCER FAMILY HISTORY QUESTIONNAIRE

Patient Name: _____
Date of Birth: _____

Physician: _____
Today's Date: _____

INSTRUCTIONS

Your family history is important. This is a screening questionnaire for the common features of hereditary cancers. If you circle Y (Yes) to any statement below, you may be appropriate for hereditary cancer testing.

Have you or any of your relatives been tested for hereditary cancer (BRCA) in the past? YES NO

Personal Cancer History		Cancer Site	Age at Diagnosis
Y	N	Have you ever been diagnosed with breast, ovarian, colon, or endometrial cancer?	

For the sake of this questionnaire **CLOSE RELATIVE** is defined as a 1st or 2nd Degree Relative:
1st Degree Relative: Mother, Father, Sister, Brother, Children **2nd Degree Relative:** Aunt, Uncle, Grandparent, Niece, Nephew

Breast and Ovarian Cancer Family History		Mother's Side of Family	Father's Side of Family	Age at Diagnosis
Y	N	EXAMPLE: Do you have a close relative diagnosed with breast cancer before age 45?		
Y	N	Do you have a close relative diagnosed with breast cancer before age 45?		
Y	N	Do you have a close relative diagnosed with ovarian cancer at any age?		
Y	N	Do you have two close relatives on the same side of the family Diagnosed with breast cancer, one before age 50?		
Y	N	Do you have three relatives on the same side of the family Diagnosed with breast cancer at any age?		
Y	N	Do you have a close relative diagnosed with multiple Breast cancers in the same or both breasts?		
Y	N	Do you have a close relative diagnosed with male breast cancer?		
Y	N	Are you of Ashkenazi Jewish ancestry with a breast or ovarian cancer in the family?		
Y	N	Is there a pancreatic cancer on the same side of the family as a breast/ovarian cancer?		
Y	N	Do you have a close relative with a known BRCA mutation?		

Colon and Endometrial (Uterine) Cancer Family History		Mother's Side of Family	Father's Side of Family	Age at Diagnosis
Y	N	EXAMPLE: Do you have two close relatives on the same side of the family Diagnosed with colon, endometrial, or ovarian cancer, one before age 50?		
Y	N	Do you have two close relatives on the same side of the family Diagnosed with colon, endometrial, or ovarian cancer, one before age 50?		
Y	N	Do you have three relatives on the same side of the family Diagnosed with colon, uterine, or ovarian cancer at any age?		
Y	N	Do you have a close relative with a known Lynch Syndrome mutation?		

Is there any other cancer in your family that is not listed above? If yes please provide site, relationship of family member, and age:

Patient Signature: _____ Date: _____

FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

Patient is appropriate for further risk assessment and/or genetic testing: YES NO
Patient offered genetic testing: Accepted OR Declined HCP Signature: _____