FAMILY HISTORY QUESTIONNAIRE FOR HEREDITARY BREAST AND OVARIAN CANCER

PATIENT NAME_____ PHYSICIAN_____
DATE COMPLETED_____ DOB_____ __AGE_____
HAVE YOU TAKEN HORMONE REPLACEMENT THERAPY (HRT): YES or NO
HAVE YOU GONE THROUGH MENOPAUSE: YES or NO IF YES, AT WHAT AGE?_____
HAVE YOU HAD A PREVIOUS BREAST BIOPSY: YES or NO IF YES, WHAT WAS THE RESULT?_____
ARE YOU OF ASHKENAZI JEWISH DESCENT: YES or NO
HAVE YOU HAD A HYSTERECTOMY: YES or NO IF YES AT WHAT AGE? _____ DO YOU STILL HAVE OVARIES: YES or NO
HEIGHT_____ WEIGHT_____ AGE AT FIRST PERIOD_____ AGE AT FIRST CHILDBIRTH_____
HAS ANYONE IN THE FAMILY BEEN TESTED FOR HEREDITARY RISK OF CANCER? YES or NO IF YES, PLEASE EXPLAIN_____

***Ovarian cancer is commonly confused with other "female cancers" such as cervical or uterine, and misreported. For this reason, it is extremely important to determine whether a "female cancer" was truly ovarian or not, as uterine cancer IS associated with specific genes and cervical is NOT.**

Do you have a relative who was diagnosed with ovarian cancer: YES or NO
IF YES HOW LONG AGO?_____ IS THE RELATIVE STILL LIVING: YES or NO
WHAT WAS THE TREATMENT? (IE: RADIATION AND SURGERY, SHE LOST HER HAIR DURING CHEMO, ETC.)
_____

Please mark below if there is **a PERSONAL OR FAMILY HISTORY** of any of the cancers listed. Indicate the family relationship and **AGE AT DIAGNOSIS** in the appropriate column. Consider all family members including parents, children, siblings, grandparents, aunts , uncles and cousins. Please indicate if the family member is your GREAT aunt or uncle (your grandparent's sibling).

	YOUR HISTORY	DX AGE	CHILDREN HISTORY	DX AGE	SIBLING HISTORY	DX AGE	MEMBERS OF MOTHER'S SIDE	DX AGE	MEMBERS OF FATHER'S SIDE	DX AGE
EXAMPLE: **BREAST CANCER**	NONE		NONE		SISTER	36	AUNT GRANDMA	44 78	NONE	
BREAST CANCER IN BOTH BREASTS OR MORE THAN ONE TUMOR										
BREAST CANCER										
OVARIAN CANCER										
MALE BREAST CANCER										
MELANOMA										
PROSTATE CANCER										
PANCREATIC CANCER										
COLON/GASTRIC CANCER										
ENDOMETRIAL/ UTERINE CANCER										