**Cancer Family History Questionnaire**

- **Patient Name:** ____________________________  **Date of Birth:** ____________________________  **Age:** ____________
- **Gender (M/F):** ______  **Today’s Date (MM/DD/YY):** ____________________________  **Health Care Provider:** ____________________________

**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, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great Grandchildren

### You and Your Family’s Cancer History

<table>
<thead>
<tr>
<th>CANCER</th>
<th>YOU AGE OF Diagnosis</th>
<th>PARENTS / SIBLINGS / CHILDREN</th>
<th>AGE of Diagnosis</th>
<th>RELATIVES on your MOTHER’S SIDE</th>
<th>AGE of Diagnosis</th>
<th>RELATIVES on your FATHER’S SIDE</th>
<th>AGE of Diagnosis</th>
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<tbody>
<tr>
<td><strong>EXAMPLE:</strong> Colon Cancer</td>
<td>45</td>
<td></td>
<td></td>
<td>Aunt Cousin</td>
<td>61</td>
<td>Grandmother</td>
<td>53</td>
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<td>Y N BREAST CANCER</td>
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<td>Y N OVARIAN CANCER (Peritoneal/Fallopian Tube)</td>
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<td>Y N UTERINE/ENDOMETRIONAL CANCER</td>
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<td>Y N COLON/RECTAL CANCER</td>
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<td>Y N 10 or more LIFETIME COLON POLYPS</td>
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<td>Y N OTHER CANCER(S) (Specify cancer type)</td>
<td>Among others, consider the following cancers: Melanoma, Pancreatic, Stomach/Gastric, Brain, Kidney, Bladder, Small bowel, Sarcoma, Thyroid, Prostate</td>
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- **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*

- **Patient’s Signature:** ____________________________  **Date:** ____________________________
Hereditary Cancer Red Flags (To be completed with your healthcare provider - Check all that apply)

Hereditary Colon Cancer - Red Flags*

An individual with any of the following:

☐ Colorectal or endometrial cancer before age 50
☐ MSI High histology before age 60¶
☐ Abnormal MSI\HIC tumor test result (colorectal/endometrial)
☐ Two or more Lynch syndrome cancers at any age
☐ Lynch syndrome cancer with one or more relatives with a Lynch syndrome cancer^ 
☐ 10 or more cumulative colorectal adenomas at any age

An individual with any of the following family histories:

☐ A first- or second-degree relative with colorectal or endometrial cancer before age 50
☐ Two or more relatives with a Lynch syndrome cancer one before the age of 50^ 
☐ Three or more relatives with a Lynch syndrome cancer at any age^ 
☐ A previously identified Lynch syndrome, MAP, AFAP, or FAP syndrome mutation in the family
☐ One or more relatives with 10 or more cumulative colorectal polyps (adenomas) at any age

¶ MSI High histology includes: Mucinous, signet ring, tumor infiltrating lymphocytes, Crohn’s-like lymphocytic reaction, or medullary growth pattern

**Lynch syndrome-associated cancers include colorectal, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas

^Cancer history should be on the same side of the family

† Close blood relatives include first-, second-, or third-degree in the maternal or paternal lineage

*In the same individual or on the same side of the family

*Assessment criteria are based on medical society guidelines. For individual medical society guidelines, go to www.MyriadPro.com