



**Central Valley Women's Health Associates**

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## Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age at First Period: \_\_\_\_\_ Age you delivered your First Child (if applicable): \_\_\_\_\_ Are You Menopausal: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever used Hormone Replacement Therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, how long? \_\_\_\_\_

Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate if there is a **personal or family history** of any of the following cancers. If yes, then **indicate family relationship** and **AGE at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

*Example: Colon Cancer*

*Brother 36 yrs*

*Aunt 44 yrs  
Cousin 58 yrs*

*Grandfather 65 yrs*

### BREAST AND OVARIAN CANCER (HBOC)

Yes	No		You (age of diagnosis)	Siblings / Children (age of diagnosis)	Mother's Side (age of diagnosis)	Father's Side (age of diagnosis)
		Breast cancer				
		Breast cancer in both breasts OR multiple primary breast cancers				
		Ovarian cancer				
		Male breast cancer				
		Are you of Ashkenazi Jewish descent?				

## COLON AND UTERINE CANCER (LYNCH)

YES	NO		YOU (AGE OF DIAGNOSIS)	SIBLINGS / CHILDREN (AGE OF DIAGNOSIS)	MOTHER'S SIDE (AGE OF DIAGNOSIS)	FATHER'S SIDE (AGE OF DIAGNOSIS)
		Uterine (endometrial) cancer				
		Colon cancer				
		Ovarian, stomach, kidney, brain OR small bowel cancer				
		10 or more colon polyps in a lifetime				

		Prostate Cancer (HBOC)				
		Melanoma (HBOC)				
		Pancreatic Cancer (HBOC/Lyn)				
		Other Cancers				

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

### FOR OFFICE USE ONLY

Patient offered hereditary cancer testing?

YES ACCEPTED

DECLINED

HEALTH CARE PROVIDER SIGNATURE:

NO Patient's Signature:

.....

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#### HBOC - Personal or Family History (Derived from NCCN)

**One person with: (out to 2<sup>nd</sup> degree)**

- Breast CA (diagnosed ≤45)
- Ovarian CA, any age
- Male breast CA, any age
- Bilateral breast CA (1<sup>st</sup> cancer dx'd ≤50)
- Triple negative breast CA (dx'd ≤60)

**Two persons with: (out to 2<sup>nd</sup> degree)**

- Breast Cancer (at least 1 dx'd ≤50)

**Three persons with: (out to 2<sup>nd</sup> degree)**

- Combination breast/pancreatic/ovarian aggressive prostate cancer at any age

**NOTE:**

- Lower threshold for testing in Ashkenazi Jewish individuals.
- 3<sup>rd</sup> degree blood relative with breast cancer and/or ovarian cancer with 2 or more close blood relatives with breast cancer (at least 1 breast cancer dx'd at or under age 50) and/or ovarian cancer.
- Limited family structure (fewer than 2 female 1<sup>st</sup> or 2<sup>nd</sup> degree relatives living past age 45) may mask a mutation in a family any age.

#### Lynch\*- Personal or Family History (Derived from SGO)

**One person with: (out to 2<sup>nd</sup> degree)**

- Personal Endometrial Cancer (diagnosed at any age)
- Endometrial or Colorectal Cancer (1 diagnosed ≤50)
- CRC, Endo, or Ovarian cancer along with an other Lynch associated cancer in the same individual (2 primaries, any age)

**2 persons:**

- 1 person with later onset (>50) Endo or CRC and 1 person with an early onset (<50) other Lynch-related cancer

**Three persons with: (out to 2<sup>nd</sup> degree)**

- Lynch\* cancers with 1 being Endometrial or Colorectal, any age
- Endo, CRC, Ovarian, stomach, brain, pancreas, small bowel, ureter/renal pelvis, biliary tract, sebaceous adenomas