

**OB/GYN Valerie A. Knudsen, MD**  
**CANCER FAMILY HISTORY QUESTIONNAIRE**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

CANCER RISK TYPE: \_\_\_\_\_ FAM/SELF: \_\_\_\_\_ AGE: \_\_\_\_\_

CANCER RISK TYPE: \_\_\_\_\_ FAM/SELF: \_\_\_\_\_ AGE: \_\_\_\_\_

Are you of Ashkenazi Jewish descent? Yes    No

Are you concerned about your personal and/or family history of cancer? Yes    No

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

**Hereditary Cancer Red Flags**

<b>Your Personal History – Red Flags</b>	<b>Your Family History – Red Flags</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Breast cancer diagnosed at age 50 or younger.</li> <li><input type="checkbox"/> Ovarian cancer at any age.</li> <li><input type="checkbox"/> Two primary occurrences of breast cancer.</li> <li><input type="checkbox"/> Triple Negative Breast Cancer</li> <li><input type="checkbox"/> Pancreatic cancer with a breast or ovarian cancer.</li> <li><input type="checkbox"/> Jewish Ancestry with an HBOC- associated cancer.*</li> <li><b>Lynch Syndrome**</b> (see cancer list below)</li> <li><input type="checkbox"/> Colorectal cancer under age 50.</li> <li><input type="checkbox"/> Endometrial/uterine cancer under age 50.</li> <li><input type="checkbox"/> MSI High histology***before age 50.</li> <li><input type="checkbox"/> Abnormal MSI/IHC tumor test result.</li> <li><input type="checkbox"/> Two or more Lynch syndrome cancers** at any age.</li> <li><input type="checkbox"/> You and one or more relatives with a Lynch cancer.**</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Close relative with breast cancer less than age 50.</li> <li><input type="checkbox"/> Close relative with ovarian cancer at any age.</li> <li><input type="checkbox"/> Two or more breast cancer occurrences, either in one relative or in two or more relatives on the same side.</li> <li><input type="checkbox"/> Combination of breast, ovarian, and/or pancreatic cancer on the same side of the family.</li> <li><input type="checkbox"/> Three or more relatives with breast cancer at any age.</li> <li><input type="checkbox"/> A previously identified BRCA1 or BRCA2 mutation.</li> <li><b>Lynch Syndrome**</b> (see cancer list below)</li> <li><input type="checkbox"/> Two or more relatives with a Lynch syndrome cancer**, one or more before the age of 50.</li> <li><input type="checkbox"/> Three or more with a Lynch cancer at any age.</li> <li><input type="checkbox"/> A previously identified Lynch mutation in the family.</li> </ul>

\*HBOC associated cancers: breast, ovarian & pancreatic

\*\*Lynch Syndrome: colon, endo/uterine, stomach/gastro, ovarian, renal pelvic, small bowel, pancreas, brain, and sebaceous adenomas.

\*\*\*MSI High histology: mucinous, signet ring, tumor infiltrating lymphocytes, chron's-like lymphocytic reaction histology, or medullary growth pattern.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Was the patient offered hereditary cancer genetic testing? Yes    No    Patient:    Accepted    Declined

Follow-up appointment suggested? Yes    No