

Patient Name	Date of Birth	Today's Date
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The following relatives should be considered: Parents, siblings, half-siblings, children, grandparents, grandchildren, aunts, uncles, nieces and nephews on both sides of the family. "GREAT" relatives do not need reported.

Do YOU have a personal history of:	Yes (Y) or No (N)?	Which Cancer?	Age at Diagnosis?
Breast, ovarian, or pancreatic cancer at any age	Y N		
Colorectal or uterine cancer at 64 or younger	Y N		

Do you have a family history of:	Yes (Y) or No (N)?	Which relative?	Maternal (M) or Paternal(P) side?	Age at Diagnosis	Living (L) or Deceased (D)
Breast cancer at 49 or younger	Y N		M P		L D
Two breast cancers (bilateral) in the same relative, at any age	Y N		M P		L D
Three breast cancers in relatives on the same side of the family, at any age	Y N		M P		L D
Ovarian cancer at any age	Y N		M P		L D
Pancreatic cancer at any age	Y N		M P		L D
Male breast cancer at any age	Y N		M P		L D
Metastatic prostate cancer- any age	Y N		M P		L D
Colon cancer at 49 or younger (1 <sup>st</sup> degree relative)	Y N		M P		L D
Uterine cancer at 49 or younger (1 <sup>st</sup> degree relative)	Y N		M P		L D
Ashkenazi Jewish ancestry with breast cancer at any age	Y N		M P		L D
Family history of any other cancers?					
Have you or anyone in your family had genetic testing for hereditary cancer?	Y N	Who?	What gene(s)?	What was the result?	

<b>What is Your Height:</b> _____ <b>Weight:</b> _____ <b>Age at time of first menstrual period:</b> _____ <b>Age at first child's birth</b> _____ or N/A <i>If you are postmenopausal, what was your age at onset?</i> _____
<b>Birth control:</b> Current user? Yes OR No # of Years you have ever been on it? _____ <i>If no, last year you were on it</i> _____ <b>Hormone replacement (postmenopausal only):</b> No Yes <i>If no, last year you were on it</i> _____ # years you have/were on it _____ Were you on estrogen alone (E) or estrogen and progesterone (E/P)? E OR E/P
Has the patient ever had a live birth? No Yes <i>If yes, patient's age at first child's birth:</i> _____ History of breast biopsy? No Yes-result: _____ Patient's Female Relatives: # of daughters: _____ # of sisters: _____ # of maternal aunts: _____ # of paternal aunts: _____