Cancer History Questionnaire

PONTCHARTRAIN CANCER CENTER

To assess your personal hereditary cancer risk, please complete the questionnaire below and return it to your healthcare provider. Studies have demonstrated that some individuals and families are at increased risk of developing specific cancers based on their genetic information. By reviewing your personal and family history, your healthcare provider can determine whether or not you are a candidate for genetic testing.

Please indicate below whether there is a personal or family history for any of the listed cancers. Review each cancer individually noting that the same cancer diagnosis may be listed more than once. Be sure to consider parents, children, brothers, and sisters as well as grandparents, aunts, uncles, and cousins on both sides of your family. If there is a personal or family history for any of the listed cancers, be sure to also indicate the age at diagnosis and family relationship in each instance.

Patient Name: _____ **Date of Birth**: _____ **Gender**: ☐ Male ☐ Female

Race/Ethnicity: ☐ African American/Black ☐ Caucasian ☐ Jewish (Ashkenazi) ☐ Other:
☐ Asian ☐ Hispanic ☐ Native American

Email Address: _____ **Telephone**: _____ **Date**: _____

Insurance Carrier: _____ **Policy ID #**: _____

Doctor's Name: _____ **Best way to contact you**: ☐ Phone ☐ Email

Patient Previous Genetic Testing:

☐ No history of Genetic Testing Positive test: ☐ BRCA1 ☐ BRCA2 Negative test: ☐ BRCA1 ☐ BRCA2

☐ Other (specify): _____

Patient Personal History:

Is there any cancer in your personal history? ☐ No personal history ☐ Yes (please specify below)

Personal Cancer Site	Age at Diagnosis	Notes
☐ **Breast**		☐ **Multiple Tumors** ☐ **Premenopausal**
☐ **Colon/Rectal**		
☐ **Ovarian**		
☐ **Pancreatic**		
☐ **Prostate**		☐ **High Grade** ☐ **Metastatic** **Gleason: 2 3 4 5 6 7 8 9 10**
☐ **Uterine/Endometrial**		
☐ **Other (specify):**		

Family History:

Is there a known family history of BRCA genes mutations? ☐ No family history Yes: ☐ BRCA1 ☐ BRCA2 ☐ Other (specify)
(Please include a copy of the family mutation report.)

Is there any cancer in the family history? ☐ No family history ☐ Unknown ☐ Yes (please specify below)

Please provide as much detail as possible. If unsure of age, please provide an estimate.

Cancer Site	Relationship			Age			Notes
	Immediate Family	Maternal	Paternal	At diagnosis	Current	At death	
☐ **Breast**							☐ **Multiple Tumors** ☐ **Cancer in both breasts** ☐ **Triple negative breast cancer**
☐ **Colon/Rectal**							
☐ **Ovarian**							
☐ **Pancreatic**							
☐ **Prostate**							☐ **Gleason score of 7 or higher** ☐ **Metastatic** ☐ **High grade**
☐ **Uterine/Endometrial**							
☐ **Other (specify)**							