

Cancer History Form

If you have a personal or family history of cancer, please review the following descriptions. Please consider any cancer history in first, second, and third-degree relatives (children, siblings, nieces/nephews, parents, aunts/uncles, cousins, and grandparents) on *both* sides of your family.

This information can help your provider determine whether you may benefit from genetic evaluation for an inherited cancer risk, which can inform cancer screening and prevention recommendations.

Colon Cancer

Personal or family history of:

- ☐ 10+ colon polyps
- ☐ Colon cancer diagnosed at age 50 or younger
- ☐ Multiple instances of colon and/or other abdominal cancers* in one person
- ☐ Multiple relatives with colon and/or other abdominal cancers*

*Cancer of the uterus, ovaries, small intestine, prostate, bladder, ureter, stomach, pancreas, biliary tract

Breast Cancer

Personal or family history of:

- ☐ Breast cancer diagnosed at age 50 or younger
- ☐ Triple negative breast cancer
- ☐ Male breast cancer
- ☐ 3+ relatives with breast cancer
- ☐ Breast cancer and Ashkenazi Jewish ancestry

Prostate Cancer

Personal or family history of:

- ☐ Prostate cancer that has spread to other parts of the body
- ☐ 2+ relatives with prostate cancer and/or breast cancer
- ☐ Prostate cancer and Ashkenazi Jewish ancestry

Uterine Cancer

Personal or family history of:

- ☐ Uterine cancer diagnosed at age 50 or younger
- ☐ Multiple instances of uterine and/or other abdominal cancers* in one person
- ☐ Multiple relatives with uterine and/or other abdominal cancers*

*Cancer of the colon, ovaries, small intestine, prostate, bladder, ureter, stomach, pancreas, biliary tract

Pancreatic Cancer

Personal or family history of:

- ☐ Pancreatic cancer at any age

Ovarian Cancer

Personal or family history of:

- ☐ Ovarian cancer at any age

If any boxes are checked, talk to your provider about being referred to a genetic counselor.