

Cancer History Questionnaire

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

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

If you check any boxes, talk to your provider about being referred to a genetic counselor.

Colon Cancer

Personal or family history of:

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

Breast Cancer

Personal or family history of:

- Breast cancer diagnosed at age 50 or younger
- Multiple people with breast and/or prostate cancer
- Triple negative breast cancer
- Male breast cancer
- Breast cancer and Ashkenazi Jewish ancestry

Prostate Cancer

Personal or family history of:

- Multiple people with prostate and/or breast cancer
- Prostate cancer that has spread to other parts of the body
- Prostate cancer and Ashkenazi Jewish ancestry

Uterine Cancer

Personal or family history of:

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

Pancreatic Cancer

Personal or family history of:

- Pancreatic cancer at any age

Ovarian Cancer

Personal or family history of:

- Ovarian cancer at any age

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