



Name _____
Birthdate _____ Phone _____

Hereditary Cancer Risk Assessment

Most cancer happens by chance and is not passed down generation to generation. However, in 5-10% of patients the cancer may be due to specific genetic factors. Identifying hereditary cancer can be helpful in the clinical management of your disease. It is also important for your family members. Learning more about your family history is the first step. Please complete the following cancer family history information.

Personal History of Cancer

Type of Cancer _____ Age at Diagnosis _____

Family History of Cancer

Is your mother living? No Yes
Did your mother have cancer? No Yes Type? _____ Age _____

Is your father living? No Yes
Did your father have cancer? No Yes Type? _____ Age _____

Do you have children? No Yes If yes, # girls _____ # boys _____
Have any of your children been diagnosed with cancer?
No Yes Type? _____ Age _____

Do you have sisters and brothers? No Yes If yes, # of sisters _____ # brothers _____
Have any of them been diagnosed with cancer?
No Yes Type? _____ Age _____
Type? _____ Age _____

Do any of your grandparents have/had cancer?
Maternal Grandmother No Yes If yes, Type _____ Age _____
Maternal Grandfather No Yes If yes, Type _____ Age _____

Paternal Grandmother No Yes If yes, Type _____ Age _____
Paternal Grandfather No Yes If yes, Type _____ Age _____

How many brother and sisters does **your father** have/had?
Brothers _____
Sisters _____
Did any of them have cancer?
No Yes If yes, Type _____ Age _____

How many brothers and sisters does **your mother** have/had?
Brothers _____
Sisters _____
Did any of them have cancer?
No Yes If yes, Type _____ Age _____

Any other family members with cancer _____
Are you of Jewish Ancestry? No Yes Uncertain
(Patients of Jewish Ancestry have an increased risk for hereditary breast cancer.)

Patient's Signature _____ Date _____