HISTORY QUESTIONNAIRE FOR RISK ASSESSMENT AND HEREDITARY BREAST AND OVARIAN CANCER

PATIENT NAME_____ PHYSICIAN_____
DATE COMPLETED_____ DOB_____AGE_____

HAVE YOU HAD A HYSTERECTOMY?: YES or NO IF YES AT WHAT AGE? _____ DO YOU STILL HAVE OVARIES?: YES or NO

HAVE YOU GONE THROUGH MENOPAUSE?: YES or NO or NOT SURE IF YES, AT WHAT AGE DID SYMPTOMS START?_____

HAVE YOU TAKEN HORMONE REPLACEMENT THERAPY (HRT)?: YES or NO

HAVE YOU HAD A PREVIOUS BREAST BIOPSY?: YES or NO IF YES, WHAT WAS THE RESULT?_____

ARE YOU OF ASHKENAZI JEWISH DESCENT?: YES or NO RACE/ ETHNICITY:_____

HEIGHT_____ WEIGHT_____AGE AT FIRST PERIOD_____ AGE AT FIRST CHILDBIRTH_____

HAS ANYONE IN THE FAMILY BEEN TESTED FOR HEREDITARY RISK OF CANCER? YES or NO
IF YES, PLEASE EXPLAIN_____

***Ovarian cancer is commonly confused with other "female cancers" such as cervical or uterine, and misreported. For this reason, it is extremely important to determine if the origin of a "female cancer" was ovarian or uterine cancer as these cancers ARE associated with specific genes and cervical cancer is NOT.**

DO YOU HAVE A RELATIVE WHO WAS DIAGNOSED WITH OVARIAN CANCER?: YES or NO or NOT SURE
IS THE RELATIVE STILL LIVING: YES or NO
WHAT WAS THE TREATMENT? (IE: RADIATION AND SURGERY, SHE LOST HER HAIR DURING CHEMO, ETC.)
_____

DO YOU EXERCISE? YES or NO IF YES, HOW OFTEN?_____

DO YOU DRINK ALCOHOL? YES or NO IF YES, HOW MANY DRINKS PER WEEK?_____

DO YOU SMOKE? YES or NO

HAVE YOU BREASTFED? YES or NO

HAVE YOU HAD CHEST RADIATION THERAPY? YES or NO

HOW MANY SISTERS DO YOU HAVE? _____ HOW MANY DAUGTHERS DO YOU HAVE?_____

HOW MANY SISTER DOES YOUR MOTHER HAVE?_____ HOW MANY SISTERS DOES YOUR DAD HAVE?_____

(OVER→)

Please mark below if there is **a PERSONAL OR FAMILY HISTORY** of any of the cancers listed. Indicate the family relationship and **AGE AT DIAGNOSIS** in the appropriate column. Consider all family members including parents, children, siblings, grandparents, aunts, uncles and cousins. Please indicate if the family member is your GREAT aunt or uncle (your grandparent's sibling).

	YOUR HISTORY	AGE	CHILDREN HISTORY	AGE	SIBLING HISTORY	AGE	MEMBERS OF MOTHER'S SIDE	AGE	MEMBERS OF FATHER'S SIDE	AGE
EXAMPLE: **BREAST CANCER**	NONE		DAUGHTER	41	SISTER	36	AUNT GRANDMA	44 78	NONE	
BREAST CANCER										
OVARIAN CANCER										
MALE BREAST CANCER										
MELANOMA										
PROSTATE CANCER										
PANCREATIC CANCER										
COLON/ GASTRIC CANCER (please specify)										
ENDOMETRIAL (UTERINE CANCER)										