INVITAE

Cancer family history questionnaire

Patient name	Patient DOB (MM/DD/YYYY)	Age	Gender

Healthcare provider	Today's date (MM/DD/YYYY)

PERSONAL AND FAMILY HISTORY OF CANCER

Please include: yourself, parents, siblings, children, grandparents, grandchildren, aunts, uncles, nephews, nieces, half siblings, first cousins, great grandparents, and great grandchildren. Please be as thorough and accurate as possible.

	CANCER	YOU Age of diagnosis	PARENTS/SIBLINGS/ CHILDREN	Age of diagnosis	RELATIVES ON YOUR MOTHER'S SIDE	Age of diagnosis	RELATIVES ON YOUR FATHER'S SIDE	Age of diagnosis
■ Y ☐ N	EXAMPLE: Breast Cancer	44	—	—	Grandmother Aunt	47 51	Cousin	54
☐ Y ☐ N	BREAST CANCER							
☐ Y ☐ N	OVARIAN CANCER (Peritoneal/fallopian tube)							
☐ Y ☐ N	UTERINE/ENDOMETRIAL CANCER							
☐ Y ☐ N	PROSTATE CANCER							
☐ Y ☐ N	COLON/RECTAL CANCER							
☐ Y ☐ N	10+ LIFETIME COLON POLYPS (Specify number if known)							
☐ Y ☐ N	OTHER CANCER(S) (Specify cancer type)							
☐ Y ☐ N	Are you of Ashkenazi Jewish descent?							
☐ Y ☐ N	Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? *(Please describe and include a copy of result if possible)*							

HEREDITARY CANCER FEATURES

Please complete this section with your healthcare provider

YOUR PERSONAL HISTORY

BREAST AND OVARIAN CANCER

- ☐ Breast cancer diagnosed at or before age 50
- ☐ Two primary occurrences of breast cancer
- ☐ Male breast cancer
- ☐ Triple negative breast cancer
- ☐ Ovarian cancer
- ☐ Pancreatic cancer with breast or ovarian cancer
- ☐ Ashkenazi Jewish ancestry with breast, ovarian, or pancreatic cancer

LYNCH SYNDROME*

- ☐ Colorectal cancer before age 50
- ☐ Endometrial/uterine cancer before age 50
- ☐ MSI-high histology** before age 60
- ☐ Abnormal MSI/IHC tumor test result (colon/rectal/endometrial/uterine)
- ☐ Two or more Lynch syndrome cancers* at any age
- ☐ One Lynch syndrome cancer* and one or more relatives with a Lynch syndrome cancer*

YOUR FAMILY HISTORY

BREAST AND OVARIAN CANCER

- ☐ Close relative with breast cancer at or before age 50
- ☐ Male relative with breast cancer
- ☐ Close relative with ovarian cancer at any age
- ☐ Three or more relatives with breast, ovarian, and/or pancreatic cancer on the same side of the family
- ☐ A previously identified pathogenic variant in the family

LYNCH SYNDROME*

- ☐ Two or more relatives with a Lynch syndrome cancer,* at least one before age 50
- ☐ Three or more relatives with a Lynch syndrome cancer* at any age; a previously identified pathogenic variant in the family

*Including: Colon, endometrial/uterine, gastric/stomach, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, and brain cancer, as well as sebaceous adenomas

**Including: Mucinous, signet ring, tumor infiltrating lymphocytes, Crohn's-like lymphocytic reaction histology, or medullary growth pattern

EITHER PERSONAL OR FAMILY HISTORY

PROSTATE CANCER

- ☐ High-grade prostate cancer (metastatic or Gleason score ≥7)
- ☐ Cancer (of any type) diagnosed at or before age 50
- ☐ Three or more relatives with any type of cancer, on the same side of the family
- ☐ A previously identified pathogenic variant in the family

CANCER RISK ASSESSMENT REVIEW

To be completed after discussion with healthcare provider

If any of the boxes above are checked, this history has features that may indicate hereditary cancer and warrants consideration of genetic testing.

Patient's signature	Date (MM/DD/YYYY)

Healthcare provider's signature	Date (MM/DD/YYYY)

For office use only:

Patient offered hereditary cancer genetic testing? ☐ YES ☐ NO | ☐ ACCEPTED ☐ DECLINED

Follow-up appointment scheduled: ☐ YES ☐ NO | Date of next appointment _____

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