

## Family History Worksheet

This worksheet is designed to gather important information about your personal/family history of cancer. Such information can help to identify individuals who may be at risk for hereditary cancer syndromes (i.e., cancers that can run in the family). You may want to use this worksheet to prepare you to talk with your doctor about the potential need for further evaluation regarding your personal/family history of cancer.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER HAD GENETIC TESTING FOR HEREDITARY RISK OF CANCER?

Yes\*    No   \*If yes, please explain: \_\_\_\_\_

(\*It is recommended that you discuss this information with your doctor to determine if further genetic testing is needed.)

**Instructions:** Please mark below if there is a personal or family history of any of the following cancers. If yes, then indicate the family relationship and the age at cancer diagnosis. Think about both your mother and father's side of the family. Include yourself, children, parents, sisters, brothers, grandparents, aunts, uncles, nieces, nephews, and first cousins.

<i>Example:</i>	<b>Yourself</b>	Age at Diagnosis	<b>Children/Siblings</b>	Age at Diagnosis	<b>Mother's Side</b>	Age at Diagnosis	<b>Father's Side</b>	Age at Diagnosis
Colon/rectal cancer	---	---	Brother	36	Mother Cousin	44 58	Grandfather	65

<b>BREAST, OVARIAN, &amp; RELATED CANCERS</b>	<b>Yourself</b>	Age at Diagnosis	<b>Children/Siblings</b>	Age at Diagnosis	<b>Mother's Side</b>	Age at Diagnosis	<b>Father's Side</b>	Age at Diagnosis
Breast cancer								
Ovarian cancer								
Breast cancer in both breasts or multiple primary breast cancers								
Male breast cancer								
Pancreatic cancer								

Are you of Ashkenazi Jewish descent?    Yes    No

<b>COLON, UTERINE, &amp; RELATED CANCERS</b>	<b>Yourself</b>	Age at Diagnosis	<b>Children/Siblings</b>	Age at Diagnosis	<b>Mother's Side</b>	Age at Diagnosis	<b>Father's Side</b>	Age at Diagnosis
Colon/rectal cancer								
Uterine (endometrial) cancer								
Ovarian, stomach, kidney/urinary tract, brain, or other intestinal cancer								
10 or more colon polyps								

MELANOMA & PANCREATIC CANCER	Yourself	Age at Diagnosis	Children/Siblings	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
Melanoma								
Pancreatic cancer								

OTHER CANCER(s), please list:	Yourself	Age at Diagnosis	Children/Siblings	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis

### Family History Worksheet: Interpretation

**In general**, the features listed below are considered “red flags” that raise concern for hereditary predisposition to cancer:

- Specific types of cancer diagnosed **before 50 years of age**, including:
  - Breast cancer
  - Colorectal cancer
  - Uterine (endometrial) cancer
- Specific types of cancer diagnosed **at any age**, including:
  - Ovarian cancer
  - Male breast cancer
- **Multiple colon polyps** in the **same individual**
- **Rare cancers or tumors** in a close relative
- **Bilateral cancer**, for example:
  - Breast cancer in both breasts
  - Kidney cancer in both kidneys
- **Multiple cancers** in the **same individual**
  - EITHER the same type of cancer (for example, melanoma at more than one site)
  - OR related types of cancer (for example, breast/ovarian, colorectal/uterine, or melanoma/pancreatic)
- **Multiple cancers** on the **same side of the family**
  - EITHER the same type of cancer (for example, breast cancer in more than one relative)
  - OR related types of cancer (for example, breast/ovarian, colorectal/uterine, or melanoma/pancreatic)

**If any of these “red flags” are identified in you/your family, please talk with your doctor.** You may be a candidate for further evaluation and/or genetic testing. It is important to understand that if a hereditary cancer syndrome is identified in you/your family, there are recommendations for how to manage your risk of developing cancer. This can include additional cancer screenings (such as mammograms or colonoscopies) and possibly other therapies.

**If you have any other questions or concerns about your personal/family history of cancer, please talk with your doctor.**

*This worksheet developed by:*

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