

Physician: _____ Date : _____

Patient Name: _____

DOB: _____ Gender: _____

MRN: _____

CSN: _____

AFFIX LABEL HERE

CANCER FAMILY HISTORY

Please consider all relatives (listed below) from BOTH your mother's and father's side of the family, BOTH male and female: *father, mother, brothers, sisters, half-siblings, your children, grandparents, aunts, uncles, nieces, nephews, cousins.*

Circle **YES** or **NO** below:

- | | | |
|---|-----|----|
| 1) Have you had BREAST cancer at any age? | YES | NO |
| 2) Have you or any of the relatives (listed above) had BREAST cancer at age 49 or younger? | YES | NO |
| 3) Have you had THREE or more relatives (listed above and can include you) with BREAST cancer on the SAME side of the family? | YES | NO |
| 4) Were any of the relatives with BREAST cancer MALE? | YES | NO |
| 5) Have you or any of your 1st or 2nd degree female relatives had OVARIAN cancer? (parents, siblings, grandparents, aunts, children) | YES | NO |
| 6) Have you or any of your 1st degree relatives had PANCREATIC cancer? (parents, siblings, children) | YES | NO |
| 7) Have you or any of the relatives (listed above) had COLON and/or ENDOMETRIAL cancer at age 49 or younger? | YES | NO |
| 8) Have you had THREE or more relatives (can include you) with COLON or UTERINE cancer on the SAME side of the family? | YES | NO |
| 9) Have you or any of the above 1st degree male relatives had METASTATIC PROSTATE cancer? (dad, siblings, children) | YES | NO |

If you answered **YES** to **ANY** of the questions above, please **scan the QR code** to the right with your mobile device. Select your LWH physician from the dropdown list and **fill out the quiz** to the best of your ability. Once you have completed the online quiz, please check the box below.

Quiz Complete



FOR OFFICE USE ONLY

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Patient Appropriate for Testing | <input type="checkbox"/> Accepted | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Patient Does Not Meet Criteria | | |