

# NxGen Hereditary Cancer Panel Family History Questionnaire

Do you have a family history of cancer? Answer these questions.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Have you or any of your relatives had BREAST CANCER?

NO YES  
  →  
 ↓

N  Y  Do you have two or more relatives with any of these cancers (including yourself)?

- Breast  Pancreatic  Prostate

N  Y  Do you have grandparents who are Ashkenazi Jewish?

Have you or any of your relatives been diagnosed with

- N  Y  Breast cancer at age 45 or younger?  
 N  Y  Male breast cancer?  
 N  Y  Triple negative breast cancer at the age 60 or younger?  
 N  Y  Two different breast cancers, with the first diagnosed at age 50 or younger?

If you marked **yes** to any of these options, fill out the other side of this page.

Have you or any of your relatives had COLON, UTERINE, STOMACH, OR OTHER LYNCH SYNDROME-RELATED CANCERS?

NO YES  
  →  
 ↓

N  Y  Do you have two or more relatives with any of these cancers (including yourself)?

- Colorectal Cancer  Small Bowel Cancer  
 Ureter Cancer  Uterine Cancer  
 Biliary Tract Cancer  Brain Tumors  
 Stomach Cancer  Kidney Cancer  
 Pancreatic Cancer

N  Y  Have you or any of your relatives (parents, children, siblings) been diagnosed with colorectal or uterine cancer at age 49 or younger?

N  Y  Have you or any of your relatives been diagnosed with two different types of Lynch syndrome-related cancer (in the same person)?

If you marked **yes** to any of these options, fill out the other side of this page.

Have you or any of your relatives had OVARIAN, FALLOPIAN TUBE, OR PERITONEAL CANCER?

NO YES  
  →  
 ↓

If you marked **yes** to any of these options, fill out the other side of this page.

If you answered NO to all of the questions, you do not need to fill out the other side of this page.

OFFICE USE ONLY Reviewed by: \_\_\_\_\_

Are outlined questions checked on the front side?

Y  → Turn to other side and count the cancers.  
 N

Are shaded questions checked on the front or back side?

Y  → Patient likely meets NCCN criteria. → Patient accepted testing? Y   
 N

Date drawn: \_\_\_\_\_

N

# Hereditary Cancer Family History Questionnaire (continued)

Name: \_\_\_\_\_

*Complete this side only if you have relatives with the following cancers:*

Date of Birth: \_\_\_\_\_

Breast	Pancreatic	Peritoneal
Ovarian	Stomach	Lynch Syndrome-Related Colorectal
Uterine	Kidney	Biliary Tract
Fallopian	Prostate	Brain Tumors

## You and your immediate family

### You

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Mother

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Father

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Siblings**  Brother  Sister

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Siblings**  Brother  Sister

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

## Relatives on your mother's side

**Maternal Aunt/Uncle**  Aunt  Uncle

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Maternal Aunt/Uncle**  Aunt  Uncle

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Maternal Grandmother

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Maternal Grandfather

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Maternal Other** \_\_\_\_\_

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

## Relatives on your father's side

**Paternal Aunt/Uncle**  Aunt  Uncle

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Paternal Aunt/Uncle**  Aunt  Uncle

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Paternal Grandmother

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### Paternal Grandfather

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

**Paternal Other** \_\_\_\_\_

**Cancer site or polyp type** (Add # for colon/rectal adenomas) \_\_\_\_\_ Age of diagnosis: \_\_\_\_\_

### OFFICE USE ONLY

If [outlined] questions are checked on the front, count the affected relatives on the same side of the family. Relatives in the top category (YOU, YOUR SIBLING, etc.) count on both sides of the family.

N  Y  3 people on the same side of the family with **breast, pancreatic, or prostate cancer?**

N  Y  2 people on the same side of the family with **breast, pancreatic, or prostate cancer**, with one person diagnosed with breast cancer at the age 50 or younger?

N  Y  3 people on the same side of the family with **Lynch-related or pancreatic cancer?**

N  Y  2 people on the same side of the family with **Lynch-related or pancreatic cancer**, with one person diagnosed at the age 49 or younger?