Cancer Family History Questionnaire

Please mark "Yes" or "No" below if there is a (If yes, list in the section below whereast cancer at or before age 45 or more separate breast cancers in one person, one at ge 50 or younger or more people in my family (can include me) with reast cancer, one at age 50 or younger ovarian (peritoneal/fallopian tube) cancer at any age riple negative breast cancer at age 60 or younger or more of these cancers on same side of the family the any age: pancreatic, breast, or aggressive prostate and one elative with breast cancer at age 50 or younger or any age of the second or younger or more of these cancers on same side of the family the any age: pancreatic, breast, or aggressive prostate. Or younger or aggressive prostate or pancreatic cancer at any age of the second or younger	pers who in O O O O O O O O O O O O O	Dx Maternal Aunt #1 65 Patrecal Grand ma	YS. O O N O N O N O N O N O N O N O N O N
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peritoneal/fallopian ube)			
colon/Rectal			
or more Lifetime olon/Rectal olyps (specify #)			
Among others, consider the following cancers: Meland pecify cancer (pe)	noma. Pa	ancreatic, Stomach (Gastric), Prostate, Brain, Kidney, Bladder, Small bowel, Sarcoma, Th	roid
Cancer Risk Assessment Review (To be complete	ed aft	er discussion with healthcare provider)	
Patient's Signature:		Date:	
Health Care Provider's Signature:		Date:	_
Office Use Only:			
Patient offered hereditary cancer genetic testing? YES NO	□ A	CCEPTED [] DECLINED	