



KNOW YOUR FAMILY MEDICAL HISTORY

This Knowledge Can Be Life-Saving

Please fill in the name and type of cancer of each family member affected.

Person Affected	Breast, Ovarian, Male Breast, Pancreatic or Prostate Cancer	Age Diagnosed
Yourself		
Sons/Daughters		
Sisters		
Brothers		
Mother's Side		
Mother		
Grandmother		
Grandfather		
Aunts		
Uncles		
Cousins		
Father's Side		
Father		
Grandmother		
Grandfather		
Aunts		
Uncles		
Cousins		

Have you or any family member had:

1. ovarian or fallopian tube cancer at any age?
2. breast cancer at age 50 or younger
3. more than one breast cancer diagnosis
4. both breast and ovarian cancer?
5. triple negative breast cancer?
6. Eastern European (Ashkenazi) Jewish ancestry and a history of breast or ovarian cancer
7. male breast cancer

Have more than one member on the same side of the family had:

1. breast cancer?
2. ovarian or fallopian tube cancer?
3. prostate cancer?
4. pancreatic cancer?

If you answered “yes” to any of these questions, you may consider further evaluation of your risk of developing a hereditary cancer with a genetic counselor.