

Know Your Family History

This Knowledge Could 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:

- ovarian or fallopian tube cancer at any age?
- breast cancer at age 50 or younger?
- more than one breast cancer diagnosis?
- both breast and ovarian cancer?
- triple negative breast cancer?
- Eastern European (Ashkenazi) Jewish ancestry and a history of breast or ovarian cancer?
- male breast cancer?
- renal cell (kidney) cancer at age 50 or younger?
- colorectal cancer at age 50 or younger?
- personal history or first degree relative with thyroid cancer?
- personal history of parathyroid cancer <30 yo?
- personal history of multiple endocrine tumors?
- personal history of gastric cancer?
- personal history of primary melanoma >2 times?
- >1 cases of pancreatic cancer in close relatives?

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

- breast cancer?
- ovarian or fallopian tube cancer?
- prostate cancer?
- melanoma or pancreatic cancer?
- gastric cancer?
- melanoma?
- multiple and/or unknown types of cancers in one person?

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.