

REFERRAL QUESTIONNAIRE

Many people have a personal and/or family history of cancer, but only 5-10% of cancer is hereditary. Hereditary cancer increases the chance of developing certain types of cancer. The following questions will help your healthcare provider determine if you need a more detailed hereditary cancer evaluation. Please answer the questions below by marking Yes or No.

A family member includes blood relatives such as, parents, siblings, children, aunts/uncles, cousins, and grandparents.

Name: _____ Date of Birth: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you or a family member tested positive for a hereditary cancer gene? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you of Ashkenazi Jewish descent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you or a family member been diagnosed with breast cancer ? | | |
| Please <input checked="" type="checkbox"/> mark Yes or No | | |
| • Cancer occurred at age 50 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Two separate breast cancers in the same breast | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Breast cancer in both breasts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Triple negative breast cancer at age 60 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Male breast cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you or a family member been diagnosed with any of the following? | | |
| Please <input checked="" type="checkbox"/> mark Yes or No | | |
| • Ovarian cancer at any age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Pancreatic cancer at any age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Prostate at age 60 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Prostate cancer at any age that was aggressive
(Gleason Score ≥ 7) or that has spread to other parts of the body | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Stomach cancer at age 50 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Colon cancer at age 50 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Uterine (endometrial) cancer at age 50 or under | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • 10 or more colon polyps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been diagnosed with any of the following? | | |
| Please <input checked="" type="checkbox"/> mark Yes or No | | |
| • Two separate cancers, for example breast and ovarian cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Two separate occurrences of the same cancer, for example colon cancer two times | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Urinary tract cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Small intestinal cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Biliary tract cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sarcoma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name: _____ Date of Birth: _____

- Sebaceous adenoma Yes No
- Adrenocortical carcinoma Yes No
- Thyroid cancer Yes No
- Kidney cancer Yes No
- Melanoma Yes No
- Brain tumor Yes No
- MDS/Leukemia Yes No
- Hyperparathyroidism Yes No
- Pheochromocytoma Yes No
- Paranglioma Yes No
- Other rare tumor/cancer Yes No

6. Do any of the following apply to your **mother's** family?

Please mark Yes or No

- Two relatives with cancers, one of whom was age 50 or under Yes No
- Three relatives with cancer at any age Yes No

7. Do any of the following apply to your **father's** family?

Please mark Yes or No

- Two relatives with cancer, one of whom was age 50 or under Yes No
- Three relatives with cancer at any age Yes No

Signature: _____ Date: _____

These questions do not define your risk of cancer. Based on your answers, your healthcare provider may recommend a referral to genetic counseling or further screening using **MyGeneticsTree** to determine your risk for hereditary cancer.