

Patient Name: _____ Date completed _____

Family history

	Living/age	Deceased/age of death	Cause of death/significant illnesses
Father	_____	_____	_____
Mother	_____	_____	_____
Brother	_____	_____	_____
Sister	_____	_____	_____

Family history of breast and ovarian cancer

Indicate breast or ovarian cancer Age of diagnosis

Yourself	_____	_____
Sister(s)	_____	_____
Daughter(s)	_____	_____
Mother's side		
Mother	_____	_____
Grandmother	_____	_____
Aunt(s)	_____	_____
Other	_____	_____
Father's side		
Mother	_____	_____
Grandmother	_____	_____
Aunt(s)	_____	_____
Other	_____	_____

Additional family history of cancer? If so, please list with age of diagnosis.

Has anyone in your family had BRCA gene testing for hereditary breast or ovarian cancer?

If yes, please explain _____

Are you of Ashkenazi Jewish descent? Yes No

(Note: The risk of BRCA mutations is increased in individuals of Ashkenazi Jewish descent.)