Penn Medicine

BASSER CENTER FOR BRCA

COLLECT YOUR FAMILY HISTORY

This form will help you start a family conversation and collect information about your family's health history.

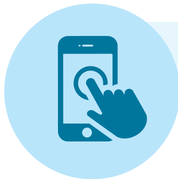
Most genetic counseling offices will have a more detailed family history questionnaire that may or may not be required to be completed prior to your visit. It can be helpful to collect your family history information before meeting with a genetics provider.

WHY SHOULD YOU KNOW YOUR FAMILY HISTORY OF CANCER?

A family history of cancer might mean you are at risk for developing certain hereditary cancers, including breast, ovarian, colon and pancreatic cancer. This could be because of an inherited change in your DNA, lifestyle choices or other factors. Knowing your family history of cancer can help to understand risk.

WHAT SHOULD YOU DO ONCE YOU HAVE FINISHED YOUR FAMILY HISTORY FORM?

Take this form to your healthcare provider or a licensed, genetic counselor to discuss your family history of cancer and your risks of hereditary cancer.



RESOURCES AND EDUCATION ON BRCA AND HEREDITARY CANCERS

The Basser Center can help you find information on cancer risk evaluation, hereditary links between cancers, BRCA cancer risks and inheritance and the genetic counseling and testing process. Visit **Basser.org** or call **215.662.2748**.

To contact our office, **please scan here.**

FAMILY HISTORY FORM DIRECTIONS

Fill out this form to the best of your ability. Some important information is the type of cancer, location of cancer, and age at diagnosis. If you do not know exact dates, give an estimate.

YOU & YOUR GENERATION

YOU

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

BROTHER/SISTER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

BROTHER/ SISTER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

BROTHER/SISTER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

YOUR CHILD

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

YOUR CHILD

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

YOUR MOTHER'S SIDE

YOUR MOTHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

MATERNAL GRANDMOTHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

MATERNAL GRANDFATHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

MATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

MATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

MATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

YOUR FATHER'S SIDE

YOUR FATHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

PATERNAL GRANDMOTHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

PATERNAL GRANDFATHER

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

PATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

PATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO

PATERNAL AUNT/UNCLE

NAME: ____________________

AFFECTED WITH CANCER: ❑ YES ❑ NO ❑ N/A

IF YES, TYPE/LOCATION OF CANCER: ____________

DATE OR AGE OF DIAGNOSIS: ____________

TESTED FOR BRCA? ❑ YES ❑ NO