



Name: _____

Address _____ City: _____ State: _____ Zip: _____

Phone number: _____ E-mail address: _____

Please complete questions the questions below about your family history. Make sure to write in answer for each question.

Family history: FATHER'S side of the family.

1. Jewish ancestry:
 Yes
 No
2. Number of women in family diagnosed with both breast and ovarian cancer: _____
3. Number of women in family diagnosed with only ovarian or fallopian tube cancer: _____
4. Number of breast cancer cases in family diagnosed in individuals under the age of 50: _____
5. What is the age of the youngest breast cancer case in your family:

6. Is there a mother- daughter with breast cancer:
 Yes
 No
7. How many individuals with bilateral (both breasts) breast cancer in the family: _____
8. Number of male breast cancer diagnoses in the family: _____
9. Number of family members diagnosed with pancreatic cancer: _____
10. Number of family members diagnosed with prostate cancer: _____
11. Closest relative with breast or ovarian cancer: (Please circle)
 - a. Yourself: Age of diagnosis _____
 - b. Sibling, parent, child
 - c. Grandparent, grandson, granddaughter
 - d. Aunt/ Uncle
 - e. First Cousin

Family history: MOTHER'S side of the family.

1. Jewish ancestry:
 Yes
 No
2. Number of women in family diagnosed with both breast and ovarian cancer: _____
3. Number of women in family diagnosed with only ovarian or fallopian tube cancer: _____
4. Number of breast cancer cases in family diagnosed in individuals under the age of 50: _____
5. What is the age of the youngest breast cancer case in your family:

6. Is there a mother- daughter with breast cancer:
 Yes
 No
7. How many individuals with bilateral (both breasts) breast cancer in the family: _____
8. Number of male breast cancer diagnoses in the family: _____
9. Number of family members diagnosed with pancreatic cancer: _____
10. Number of family members diagnosed with prostate cancer: _____
11. Closest relative with breast or ovarian cancer: (Please circle)
 - a. Yourself: Age of diagnosis _____
 - b. Sibling, parent, child
 - c. Grandparent, grandson, granddaughter
 - d. Aunt/ Uncle
 - e. First Cousin