

Your name: _____ **Daytime Phone Number:** _____

FAMILY HEALTH HISTORY QUESTIONNAIRE

Have you or any of your family members had breast cancer before age 50? YES NO

Have you or any of your family members had ovarian cancer? YES NO

Has any man developed male breast cancer? YES NO

Have you or any of your family members had colon or rectal cancer before age 50? YES NO

Have you or any of your family members had uterine cancer before age 50? YES NO

Have you or any of your family members had 10 or more colon polyps? YES NO

Have two or more members of your family had any other type of cancer? YES NO

Do you have any questions about your family's health history or genetics? _____

