everything genetic

Antegenes®

Family History Questionnaire

This form is to be completed if having cancer genetic testing.

Full Name:

DOB: DD/MM/YYYY

What sex were you at birth? ☐ **Female** ☐ **Male**

Fill in your personal and family health history to the best of your knowledge, and estimate when you need to.
If there isn't enough space to adequately answer a question, please use the additional notes section on page 8.

If you were born Female complete SECTION 1, 3 and 4
If you were born Male complete SECTION 2, 3 and 4

SECTION 1: Female Cancer History (only fill in if you were born female)

1. Have you ever had cancer?

☐ No **(go to SECTION 3)** ☐ Yes, if so please answer the following questions:

1a. Have you had breast cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

Breast cancer affected
☐ both breasts ☐ one breast

What type of breast cancer did you have?
☐ Lobular Carcinoma
☐ Ductal Carcinoma
☐ Ductal Carcinoma In Situ (DCIS)

1b. Have you ever had Ovarian / fallopian tube / primary peritoneal cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1c. Have you ever had Colon (colorectal) cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1d. Have you ever had Uterine (endometrial) cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1e. Have you ever had Stomach (gastric) cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

What type of stomach (gastric) cancer did you have?
☐ Adenocarcinoma
☐ Diffuse gastric cancer

1f. Have you ever had Melanoma?

☐ No ☐ Yes, I was diagnosed at ____ years old

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1g. Have you ever had Hematological malignancy? (for example, Leukemia, Lymphoma, or Multiple myeloma)

☐ No ☐ Yes

Are you in active treatment or remission?

☐ Active treatment ☐ I have been in active remission for ____ months/years

1h. Have you had any other cancers?

____ cancer, diagnosed at ____ years old

2. Have you had a mastectomy? A mastectomy is the removal of one or both breasts.

☐ No ☐ Yes, unilateral (removal of single breast) I was ____ years old

☐ Yes, bilateral (removal of both breasts) I was ____ years old

3. Have you had a oophorectomy? An oophorectomy is the removal of one or both ovaries.

☐ No ☐ Yes, unilateral (removal of single ovary) I was ____ years old

☐ Yes, bilateral (removal of both ovaries) I was ____ years old

4. Have you had a breast biopsy?

☐ No ☐ Yes, I have had ____ breast biopsies

Have you had any breast biopsies with atypical hyperplasia?

☐ No ☐ Yes ☐ I'm not sure

Have you ever been diagnosed with lobular carcinoma in situ (LCIS)?

☐ No ☐ Yes ☐ I'm not sure

Now go to SECTION 3

Family History Questionnaire

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What sex were you at birth? ☐ Female ☐ Male

SECTION 2: Male Cancer History (only fill in if you were born male)

1. Have you ever had cancer?

☐ No **(go to SECTION 3)** ☐ Yes, if so please answer the following questions:

1a. Have you had male breast cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

Did the breast cancer affect both breasts?

☐ No ☐ Yes

What type of breast cancer did you have?

☐ Lobular Carcinoma
☐ Ductal Carcinoma
☐ Ductal Carcinoma In Situ (DCIS)

1b. Have you ever had Colon (colorectal) cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1c. Have you ever had Stomach (gastric) cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1d. Have you ever had Melanoma?

☐ No ☐ Yes, I was diagnosed at ____ years old

1e. Have you ever had Prostate cancer?

☐ No ☐ Yes, I was diagnosed at ____ years old

1f. Have you ever had Hematological malignancy? (for example, Leukemia, Lymphoma, or Multiple myeloma)

☐ No ☐ Yes

Are you in active treatment or remission?

☐ Active treatment ☐ I have been in active remission for ____ months/years

1g. Have you had any other cancers?

____ cancer, diagnosed at ____ years old

2. Have you ever had colon polyps identified on colonoscopy or sigmoidoscopy?

☐ No ☐ Yes, if so please specify below ☐ I'm not sure

Approximately ____ (number) polyps have been found in my lifetime

Now go to SECTION 3

Family History Questionnaire

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What sex were you at birth? ☐ Female ☐ Male

SECTION 3: My Genetic Tests (fill in this section)

1. Have you ever had a genetic test for hereditary cancer risk?

☐ No ☐ Yes, if so please provide details below:

The test was provided by the following lab:

☐ Ambry Genetics ☐ GeneDx ☐ Myriad Genetics

☐ Color Genomics ☐ Invitae ☐ Other

☐ Counsyl ☐ LabCorp

Please provide reports of previous testing if available:

2. Was a pathogenic or likely pathogenic fault identified in the BRCA1 gene?

☐ No ☐ Yes, name of BRCA1 gene fault, if available:

3. Was a pathogenic or likely pathogenic fault identified in the BRCA2 gene?

☐ No ☐ Yes, name of BRCA2 gene fault, if available:

4. Was a pathogenic or likely pathogenic fault identified in another gene?

☐ No ☐ Yes, name of the gene and fault, if available:

Now go to SECTION 4

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What sex were you at birth? ☐ Female ☐ Male

SECTION 4: My Family History (fill in this section)

1. Please provide ages (current or at death) and cancer history for your biological family members.

Female relatives: Provide cancer history for breast, ovarian, fallopian tube, primary peritoneal and other cancers.
Male relatives: Provide cancer history for male breast and other cancers.

Parents / Grandparents Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Mother			
Father			
Maternal grandmother			
Maternal grandfather			
Paternal grandmother			
Paternal grandfather			

Siblings Biological only	Age Currently, or at death	Deceased?	Half sibling Which parent?	Cancer history Type and age at diagnosis
Sister 1				
Sister 2				
Sister 3				
Brother 1				
Brother 2				
Brother 3				

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What sex were you at birth? ☐ Female ☐ Male

Maternal Aunts & Uncles Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Mother's sister 1			
Mother's sister 2			
Mother's sister 3			
Mother's brother 1			
Mother's brother 2			
Mother's brother 3			

Paternal Aunts & Uncles Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Father's sister 1			
Father's sister 2			
Father's sister 3			
Father's brother 1			
Father's brother 2			
Father's brother 3			

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Children Biological only	**Age** Currently, or at death	**Deceased?**	**Cancer history** Type and age at diagnosis
Daughter 1			
Daughter 2			
Daughter 3			
Son 1			
Son 2			
Son 3			

2. Have any of your female or male relatives had a genetic test for hereditary cancer risk?

☐ No ☐ Yes, if so please provide details below:

Please provide reports of previous testing, if available. For any pathogenic or likely pathogenic mutations found: **list the relative, gene and mutation name**.

3. Is there anything else related to cancer history or known genetic mutations that you would like to share?

Thank you

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Additional Notes