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? ____________________________________________________________
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