natera | Empower™ Hereditary cancer test

TODAY'S DATE:	NAME:	AGE:	DATE OF BIRTH:

Family History Questionnaire

Please answer the following questions to the best of your knowledge to help your care team understand cancer patterns in your family. For more information, text EMPOWER to 636363.

Select Yes/No and enter information in the accompanying boxes of the same row. Family members include parents, siblings, children, uncles, aunts, first cousins, grandparents, grandchildren, nieces, nephews, or half-siblings.

Please complete the following for you and your family members:		Age at diagnosis	Enter family member and age at diagnosis		
		You	Siblings/Children	Mother's side	Father's side
Example:	**Breast Cancer** ☒ Y ☐ N	Age 46	Daughter, 23 Sister, 52	Aunt, #1 63 Aunt, #2 48	Grandma, 81
1. Breast cancer < age 50	☐ Y ☐ N				
2. Either colon cancer or uterine cancer < age 50	☐ Y ☐ N				
3. Triple negative breast cancer	☐ Y ☐ N				
4. Two or more breast cancers in the same person (first diagnosis age 50)	☐ Y ☐ N				
5. Two or more colon and/or uterine cancers in the same person	☐ Y ☐ N				
6. Two family members with breast, colon or uterine cancer (one ≤ age 50)	☐ Y ☐ N				
7. Three or more family members from the same side with breast cancer	☐ Y ☐ N				
8. Three or more family members with colon and/or uterine cancer	☐ Y ☐ N				
9. Ovarian cancer Pancreatic cancer Male breast cancer 10 or more precancerous colorectal polyps	☐Y ☐N ☐Y ☐N ☐Y ☐N ☐Y ☐N				
10. Ashkenazi Jewish AND breast cancer or prostate cancer	☐ Y ☐ N				
11. You or a close family member has a known gene mutation. Please list _____	☐ Y ☐ N				
12. Other cancers not listed above (Please complete ALL columns if applicable)	☐ Y ☐ N				
13. Limited or unknown family history	☐ Y ☐ N				
14. Have you or anyone in your family had genetic testing for hereditary cancer?	☐ Y ☐ N	Please explain:			

Signatures

Patient Name	Patient Signature	Date
Provider Name	**Provider Signature**	**Date**

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A 'Yes' answer to any of questions 1–11 indicates your patient may meet criteria for hereditary cancer testing.

Patient offered hereditary cancer genetic testing (check all that apply)

☐ Yes ☐ No ☐ Patient accepted ☐ Patient declined