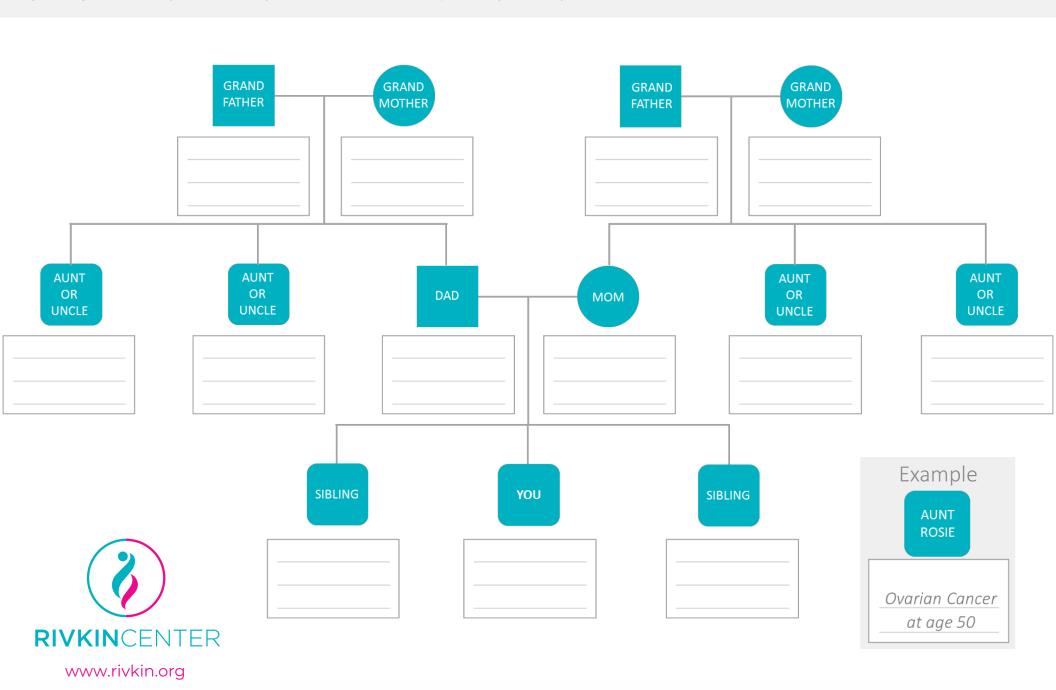
Family Health History Worksheet

Fill out information about different family members in the family tree below. Start by tracing a fun trait in the family. Then, write in information about health conditions (like cancer). Be sure to note what kind of cancer and how old the family member was when diagnosed. Every family is unique, so use this as a general guide. You may wish to draw your own tree that better represents your family!



Who should consider genetic counseling?

If you check any of the boxes below about your own or your family's health history, you may be at higher risk for ovarian and/or breast cancer and should consider talking to a genetic counselor or physician. Family in this context includes blood relatives from your mom's and your dad's side. The genetic counselor or physician may recommend testing for gene mutations known to be associated with higher risk for ovarian and/or breast cancer.

If you or a close family member have had any of the following:	
□ Breast cancer at age ≤ 50	
$\hfill \square$ Ovarian, fallopian tube, or primary peritoneal cancer at any age	
$\hfill\square$ Relative with known mutation in a breast, ovarian, or other cancer susceptibili	ty gene
☐ Two separate breast cancer diagnoses	
$\ \square$ Breast cancer <u>and</u> ovarian, fallopian tube, or primary peritoneal cancer in same	e person
☐ Male breast cancer	
□ Triple negative breast cancer at age ≤ 60	
☐ Ashkenazi Jewish ancestry	
☐ Pancreatic cancer	
☐ Metastatic prostate cancer	
□ Prostate cancer with high grade (Gleason score ≥ 7) and Ashkenazi Jewish and	cestry
If two or more members from the same side of your family have:	
☐ Two or more separate breast cancers diagnoses	
$\ \square$ Breast cancer <u>and</u> ovarian, fallopian tube, or primary peritoneal cancers	
☐ Prostate cancer	
☐ Pancreatic cancer	
If three or more members from the same side of your family have been diagnosed wit	:h:
☐ Breast, ovarian, or other types of cancers	RIVKINCENTER
	www.rivkin.ora