

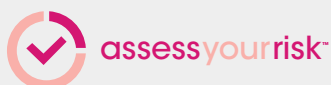
My Health History



Understanding your family history is one of the most important things you can do to protect your health. Collect your family health history to help understand where you fall on the risk spectrum.

WHERE TO START

Because breast and ovarian cancer are often linked in families, it's important to learn about your family history. Find out which relatives—on both your parents' sides, if you're able—had cancer of any kind, which types, and their age at diagnosis. While breast and ovarian cancer history is important, other types of cancer can also be indicators, so capture everything you can.



Once you've completed this form, **assess your risk for breast and ovarian cancer** at **AssessYourRisk.org**

This tool combines personal and family health history with lifestyle factors to provide you with a printable, personalized risk assessment you can bring to your next doctor's appointment.

Have any of your family members been diagnosed with breast cancer? Yes No

If yes, who (name and relation)? Age at diagnosis?

Did the relative have any of the following:

- Triple negative breast cancer
 - More than one breast cancer (cancer in both breasts, or two separate breast cancers in one breast)
 - BOTH breast cancer and another type of cancer?
If yes, what type of cancer?
-

Have any of your family members been diagnosed with a genetic mutation that increases breast cancer risk?

(Ex: *BRCA, 1/2 PTEN*) Yes No

If yes, who (name and relation)?

Type of mutation? *BRCA1* *BRCA2* *PTEN*

Have any of your family members been diagnosed with ovarian cancer? Yes No

If yes, who (name and relation)? Age at diagnosis?

On one side of the family, is there breast and one of the following cancers?

Ovarian Cancer Yes No

If yes, who (name and relation)? Age at diagnosis?

Thyroid Cancer Yes No

If yes, who (name and relation)? Age at diagnosis?

Sarcoma Yes No

If yes, who (name and relation)? Age at diagnosis?

Melanoma Yes No

If yes, who (name and relation)? Age at diagnosis?

Stomach Cancer Yes No

If yes, who (name and relation)? Age at diagnosis?

Pancreatic Cancer Yes No

If yes, who (name and relation)? Age at diagnosis?

Uterine Cancer Yes No

If yes, who (name and relation)? Age at diagnosis?

Leukemia or Lymphoma Yes No

If yes, who (name and relation)? Age at diagnosis?

Adrenocortical Carcinoma Yes No

If yes, who (name and relation)? Age at diagnosis?

Is your family of Ashkenazi (Eastern European) Jewish descent? Yes No

If yes, are there any cases of breast, ovarian or pancreatic cancer in the family? If yes, who (name and relation)? Which cancer(s)?

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