

MY HEALTH HISTORY

Helping you collect and organize your family health history to better understand your breast and ovarian cancer risk

The health history from generations before us influences that of our own. By gathering health details from our mother & father's sides of the family, we take the first step in determining our personal lifetime risk for breast & ovarian cancer.

After completing this form, use the findings to assist in the completion of Bright Pink's digital **Assess Your Risk Tool at BrightPink.org/AssessMyRiskTool**, which combines family history and lifestyle factors to provide you with a personalized breast and ovarian cancer risk assessment, in printable PDF format, to bring to your next doctor's appointment.

BE SURE TO COLLECT THIS INFORMATION FROM BOTH YOUR MOTHER AND FATHER'S SIDES

1. 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?

2. 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

3. Have any of your family members been diagnosed with ovarian cancer? YES NO

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

4. On one side of the family, is there breast and one of the following cancers (not in the same relative)?

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?

Brain 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?

5. 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)?
