

# Risk Assessment for Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Instructions:** Please fill out the family history form below. If you circle Y, please provide the family member's relationship to you, the part of the body where the cancer started, and age of diagnosis. Consider your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree relatives.

**Example 1: Mother / Breast Cancer / 42**

**Example 2: Uncle / Colon Cancer / 33**

1<sup>st</sup> degree relatives: Mother, Father, Sister, Brother, Children

\*\*2<sup>nd</sup> degree relatives: Aunt, Uncle, Grandparent, Niece, Nephew, Half siblings

\*\*\*3<sup>rd</sup> degree relatives: Cousin, Great Grandparents, Great Aunts and Uncles

BREAST AND OVARIAN CANCER (BRACAnalysis)			SELF (Age at Diagnosis)	FAMILY MEMBER	
				MOTHER S SIDE/AGE	FATHER S SIDE/AGE
Y	N	Breast cancer at age 45 or younger **			
Y	N	Ovarian cancer at any age **			
Y	N	Two relatives on the same side of the family with breast cancer; ONE at or under the age of 50 ***			
Y	N	Three or more of the following cancers at any age on the same side of the family: breast, ovarian, pancreatic, or prostate ***			
Y	N	One relative with TWO separate breast cancers; one diagnosed at or before the age of 50 **			
Y	N	Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2) **			
Y	N	Male breast cancer at any age **			
Y	N	Breast, ovarian, or pancreatic cancer at any age in Ashkenazi Jewish family members **			
Y	N	A family member with a known BRCA mutation			
COLON AND UTERINE CANCER (COLARIS)			SELF (Age at Diagnosis)	FAMILY MEMBER	
				MOTHER S SIDE/AGE	FATHER S SIDE/AGE
Y	N	Uterine (endometrial) cancer at or under age 50 **			
Y	N	Colon/rectal cancer at or under age 50 **			
Y	N	Colon/rectal and/or endometrial (uterine) cancer: *** <ul style="list-style-type: none"> <li>• PLUS 1 of the following cancers (<b>ovarian, stomach, small bowel, kidney/urinary tract, ureter or renal pelvis</b>) one cancer diagnosed at or under age 50 <b>OR</b></li> </ul> Colon/rectal and/or endometrial (uterine) cancer: *** <ul style="list-style-type: none"> <li>• PLUS 2 of the <b>above</b> cancers diagnosed at any age</li> </ul>			
Y	N	A family member with a known Lynch Syndrome mutation			

- Ancestry: \_\_\_\_\_
- Please list any other cancers in your family \_\_\_\_\_
- Have you or any of your relatives been tested for hereditary cancer (BRACAnalysis or Lynch/COLARIS)? YES NO
- If YES were the results positive or negative? \_\_\_\_\_

**Patient's signature:** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Please do not fill out the below section until you have talked with your provider**

My provider, has recommended the BRACAnalysis and/or Colaris genetic test based on my personal and/or family history of cancer. He/She has explained to me the potential benefits of the genetic test and the risks of not consenting to the genetic test. Despite my provider's recommendation, I decline to consent to the genetic test.

**Signature of patient for informed refusal** \_\_\_\_\_