

Risk Assessment for Hereditary Cancer Syndromes

Patient 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 at diagnosis.** Consider your 1st, 2nd, and 3rd degree relatives.

1st degree relatives: Mother, Father, Sister, Brother, Children; **2nd degree relatives:** Aunt, Uncle, Grandparent, Niece, Nephew, Half siblings; **3rd degree relatives:** Cousin, Great Grandparents, Great Aunts and Uncles

Have you or any family member ever had Hereditary Cancer Testing (BRCA, Lynch Syndrome, or Myriad myRisk)?
NO -or- YES If yes, what was the result?

Are you Ashkenazi Jewish? NO -or- YES

Hereditary Cancer Criteria		SELF (Age at Diagnosis)	FAMILY MEMBER	
			MOTHER'S SIDE & AGE at Diagnosis	FATHER'S SIDE & AGE at Diagnosis
Y	N	Breast cancer at age 49 or younger <i>(in yourself, first or second degree relative)</i>		
Y	N	Ovarian cancer at any age <i>(in yourself, first or second degree relative)</i>		
Y	N	Two relatives on the same side of the family with breast cancer; ONE at or under the age of 50 <i>(in yourself, first-second-or third degree relative)</i>		
Y	N	Three or more of the following cancers at any age on the same side of the family: breast, ovarian, pancreatic, or prostate <i>(in yourself, first-second-or third degree relative)</i>		
Y	N	One relative with TWO separate breast cancers; one diagnosed at or before the age of 50 <i>(in yourself, first or second degree relative)</i>		
Y	N	Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2) <i>(in yourself, first or second degree relative)</i>		
Y	N	Male breast cancer at any age <i>(in yourself, first or second degree relative)</i>		
Y	N	Breast, ovarian, or pancreatic cancer at any age in Ashkenazi Jewish family members <i>(in yourself, first or second degree relative)</i>		
Y	N	Two relatives on the same side of the family with colon or endometrial cancer; ONE at or under the age of 50 <i>(in yourself, first-second-or third degree relative)</i>		
Y	N	Three or more of the following cancers at any age on the same side of the family: colon, endometrial/uterine, ovarian, gastric/stomach, ureter/renal pelvis, biliary tract, small bowel, pancreatic, brain, sebaceous adenomas <i>(in yourself, first-second-or third degree relative)</i>		

Patient's signature: _____ Date: _____

Provider signature: _____ Date: _____

For Office Use Only: Patient offered hereditary cancer genetic testing? Yes No ACCEPTED DECLINED

Follow-Up appointment scheduled: Yes No Date of Next Appointment _____