Hereditary Cancer Risk Assessment

Patient Name: _____
Patient Day time Phone: _____

Most of the time, cancer happens by chance. However, in some families cancer may be caused by changes in certain genes that can be passed from generation to generation. These genetic changes significantly increase a person's risk for certain cancers, including a second cancer in those who have already been diagnosed. Family members will benefit from this information, as will you, since hereditary cancer risk can be significantly reduced with the right medical interventions. A careful review of your family history is an essential first step, so please check all of the boxes that apply to you:

Have YOU been diagnosed with…	**YES**	**NO**	**UNCERTAIN**
Breast cancer before age 50?	☐	☐	☐
Ovarian cancer at any age (HBOC/Lynch)?	☐	☐	☐
Two breast cancers, or breast *and* ovarian cancer?	☐	☐	☐
Male breast cancer at any age?	☐	☐	☐
Colon or uterine cancer before age 50?	☐	☐	☐
Colon or uterine at *any age* with family history of either	☐	☐	☐
Two colon cancers, or colon *and* uterine cancer?	☐	☐	☐
15 or more colon polyps (can be cumulative)?	☐	☐	☐
Two or more melanomas?	☐	☐	☐
Pancreatic cancer (HBOC/Lynch)?	☐	☐	☐
Are you of Ashkenazi Jewish Ancestry?	☐	☐	☐

Have any of your FAMILY members been diagnosed with…			**WHO?**
*(Please indicate **maternal** or **paternal** as they are BOTH important)*			
Breast cancer before age 50?	☐	☐	_____
Ovarian cancer at any age?	☐	☐	_____
Two breast cancers, or breast *and* ovarian cancer?*	☐	☐	_____
Male breast cancer at any age?	☐	☐	_____
Colon or uterine cancer before age 50?	☐	☐	_____
Two colon cancers, or colon *and* uterine cancer?*	☐	☐	_____
15 or more colon polyps (can be cumulative)?	☐	☐	_____
Two or more melanomas?*	☐	☐	_____
Pancreatic cancer?*	☐	☐	_____

***** *Can be two cancers in one person, or two or more people in your family with these cancers*

If any YES boxes are checked, you have a personal or family history suggestive of one of the more common hereditary cancer syndromes and are a candidate for further risk assessment and, if appropriate, genetic testing to determine if a gene change exists. We will discuss this with you and provide you with additional information that will help you understand your individual risks and how best to address them**.**

☐ Candidate for further risk assessment and/or genetic testing	☐ Patient offered genetic testing
☐ Information given to patient to review	☐ **Accepted** ☐ **Declined**
☐ Follow up appointment scheduled Date:	

_____ _____
Patient's Signature Date Health Care Provider's Signature Date