



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:

<u>Have YOU been diagnosed with...</u>	YES	NO	UNCERTAIN
Breast cancer before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ovarian cancer at any age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two breast cancers, or breast <i>and</i> ovarian cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male breast cancer at any age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon or uterine cancer before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon or uterine at <i>any age</i> with family history of either?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two colon cancers, or colon <i>and</i> uterine cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 or more colon polyps (can be cumulative)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two or more melanomas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma and pancreatic cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you of Ashkenazi Jewish Ancestry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Have any of your FAMILY members been diagnosed with...</u>		WHO?
<i>(Please indicate maternal or paternal as they are BOTH important)</i>		
Breast cancer before age 50?	<input type="checkbox"/>	<input type="checkbox"/> _____
Ovarian cancer at any age?	<input type="checkbox"/>	<input type="checkbox"/> _____
Two breast cancers, or breast <i>and</i> ovarian cancer?*	<input type="checkbox"/>	<input type="checkbox"/> _____
Male breast cancer at any age?	<input type="checkbox"/>	<input type="checkbox"/> _____
Colon or uterine cancer before age 50?	<input type="checkbox"/>	<input type="checkbox"/> _____
Two colon cancers, or colon <i>and</i> uterine cancer?*	<input type="checkbox"/>	<input type="checkbox"/> _____
15 or more colon polyps (can be cumulative)?	<input type="checkbox"/>	<input type="checkbox"/> _____
Two or more melanomas?*	<input type="checkbox"/>	<input type="checkbox"/> _____
Melanoma and pancreatic cancer?*	<input type="checkbox"/>	<input type="checkbox"/> _____

* 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.

<input type="checkbox"/> Candidate for further risk assessment and/or genetic testing	<input type="checkbox"/> Patient offered genetic testing
<input type="checkbox"/> Information given to patient to review	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
<input type="checkbox"/> Follow up appointment scheduled Date: _____	

Patient's Signature

Date

Health Care Provider's Signature

Date