

Risk Assessment for Hereditary Breast and Ovarian Cancer and Lynch Syndrome

G# _____

Patient Name: _____

Provider's Name: _____

Date of Birth: _____

Today's Date: _____

This is a screening tool for Cancer that runs in Families. Please consider the following Family Members when completing the form:

1st Degree Relatives = Mother/Father/Sister/Brother/Children
2nd Degree Relatives = Aunt/Uncle/Grandparent/Niece/Nephew
3rd Degree Relatives = Cousin/Great Grandparent

Have YOU or ANY OF YOUR RELATIVES been tested (BRCA_{Analysis} /Colaris) for a Hereditary Cancer Syndrome? YES NO

COLON & UTERINE CANCER (Lynch Syndrome/Colaris)		SELF	Your Relationship to Family Member		Age at Diagnosis	Living?
			Mother's Side	Father's Side		
N	EXAMPLE: Two or More relatives with a Lynch Syndrome Cancer			Aunt - Colon Sister - Uterine	47 Yrs 60 Yrs	NO YES
Y	N	Uterine (Endometrial) Cancer before Age 50				
Y	N	Colon (Colorectal) Cancer before Age 50				
Y	N	2 or more Relatives on same side of Family with any of the following cancers - 1 of them under Age 50 (circle): <i>Colon, Uterine/Endometrial, Ovarian, Stomach, Pancreatic, Small Bowel, Brain, Kidney/Urinary Tract, Ureter, Renal Pelvis</i>				
Y	N	Family member with a known Lynch Syndrome Mutation				

BREAST & OVARIAN CANCER (HBOC/BRCA _{Analysis})		SELF	Your Relationship to Family Member		Age at Diagnosis	Living?
			Mother's Side	Father's Side		
Y	N	Breast Cancer Younger than 50 (in Self, 1st or 2nd Degree Relative)				
Y	N	Ovarian Cancer at Any Age (in Self, 1st or 2nd Degree Relative)				
Y	N	2 Relatives on Same Side of Family with Breast Cancer - 1 of them under Age of 50				
Y	N	3 Relatives on Same Side of Family with Breast Cancer at Any Age				
Y	N	Multiple Breast Cancers in the Same Person (in the same breast OR both breasts)				
Y	N	Triple Negative Breast Cancer (ER, PR and Her2 Negative Receptor Status)				
Y	N	Male Breast Cancer at Any Age				
Y	N	Pancreatic Cancer with Breast OR Ovarian Cancer in the same person or on same side of the family				
Y	N	Ashkenazi Jewish ancestry with Breast, Ovarian or Pancreatic Cancer in same person or on same side of family				
Y	N	Family member with a known BRCA Mutation				

Patient's Signature: _____

Date: _____

For Office Use Only:

Based on Personal & Family History, testing is not indicated for the Patient at this time

Genetic Testing Recommended for Patient: BRCA_{Analysis} (HBOC) or Colaris (Lynch)

Patient Accepted Patient Declined and Reason: _____

HCP Signature: _____