

# Risk Assessment for Hereditary Cancer Syndrome

INSTRUCTIONS: Please circle YES (Y) to any statement below if it applies to YOU or YOUR FAMILY MEMBERS. Next to each statement, please list the AGE of the person when they were DIAGNOSED with cancer and your relation.

**Consider the following family members on both your MOTHER'S and FATHER'S sides:**

*You – Your Mother – Your Father – Your Brothers & Sisters – Your Children – Your 1<sup>st</sup> Cousins – Your Nieces & Nephews  
Your Father's Brothers & Sisters and your Mother's Brothers & Sisters (Your Aunts and Uncles)  
Your Father's Parents and your Mother's Parents (Your Grandmother & Grandfather) – Your Great Grandparents*

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Your Doctor: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

BREAST AND OVARIAN CANCER		You or Siblings	AGE	Mother's Side	AGE	Father's Side	AGE
Y / N	Have <u>YOU</u> had breast cancer at or before age 50			N/A	N/A	N/A	N/A
Y / N	Your MOTHER, SISTER, DAUGHTER, GRANDMOTHER, AUNT, or NIECE diagnosed with breast cancer at or before age 50						
Y / N	<b>3</b> or more breast cancers on the same side of the family, at ANY age						
Y / N	Ovarian Cancer in your family, at ANY age						
Y / N	Male Breast Cancer in your family, at ANY age						
Y / N	Triple Negative Breast Cancer in the family						
Y / N	<b>3</b> or more of the following cancers on the same side of the family, at ANY age (breast, ovarian, prostate, or pancreatic)						
Y / N	Ashkenazi Jewish ancestry with ANY breast, ovarian or pancreatic cancer in the family						
Y / N	Is there a known BRCA Mutation in the family						
Y / N	Have you been tested for a BRCA mutation						
COLON AND UTERINE CANCER		You or Siblings	AGE	Mother's Side	AGE	Father's Side	AGE
Y / N	Have <u>YOU</u> had COLORECTAL (Colon) or UTERINE (Endometrial) cancer at or before age 50			N/A	N/A	N/A	N/A
Y / N	<b>2</b> or more COLORECTAL (Colon) CANCERS on the same side of the family, 1 at or BEFORE age 50						
Y / N	<b>1</b> COLORECTAL CANCER AND <b>1</b> or more <b>LYNCH SYNDROME CANCER</b> (listed below) on the same side of the family, 1 BEFORE age 50						
Y / N	<b>3</b> or more <b>LYNCH SYNDROME CANCERS</b> (listed below) on the same side of the family						

\***Lynch Syndrome Cancers:** Colorectal, Uterine/Endometrial, Ovarian, Gastric, Stomach, Pancreatic, Ureter, Bladder, & Brain

**FOR OFFICE USE ONLY:**

Did patient meet criteria for Genetic Education?    YES    NO    MORE INFORMATION NEEDED

If YES, Patient chose to:    ACCEPT

DECLINE High Risk Education Program: Reason \_\_\_\_\_

If ACCEPTED, Patient:    SUBMITTED a Sample to Myriad for MyRisk

DECLINED Testing: Reason \_\_\_\_\_

**PATIENT SIGNATURE for declined testing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_