

RISK ASSESSMENT FOR HEREDITARY CANCER SYNDROMES

Patient Name: _____
 Date of Birth: _____
 Insurance Co: _____

Provider You Are Seeing Today: _____
 Today's Date: _____
 Reason for Today's Visit: _____

Please complete this form to the best of your ability. Circle Y (for YES) or N (for NO) on the left side to show if you have the particular history of cancer in your family.

In the boxes provided, enter the relative and age that cancer was found (use an age range if you are not sure—for example, "Mother, late 40's")

FAMILY HISTORY OF CANCER			SELF	WHICH FAMILY MEMBER (consider parents, children, siblings, aunts/uncles, nieces/nephews, and grandparents)	
				MOTHER'S SIDE	FATHER'S SIDE
<input checked="" type="radio"/> Y	<input type="radio"/> N	EXAMPLE: Breast cancer <u>BEFORE AGE 50</u>	-----	-----	Aunt, age 48
<input type="radio"/> Y	<input type="radio"/> N	Ovarian cancer <u>AT ANY AGE</u>			
<input type="radio"/> Y	<input type="radio"/> N	Breast cancer <u>BEFORE AGE 50</u>			
<input type="radio"/> Y	<input type="radio"/> N	2 or more breast cancers on the same side of the family <u>AT ANY AGE</u>			
<input type="radio"/> Y	<input type="radio"/> N	Male breast cancer <u>AT ANY AGE</u>			
<input type="radio"/> Y	<input type="radio"/> N	2 colorectal or uterine (endometrial) cancers, <u>ONE BEFORE AGE 50</u>			
<input type="radio"/> Y	<input type="radio"/> N	3 or more colorectal or uterine (endometrial) cancers <u>AT ANY AGE</u>			

If you answered YES to any of the above questions, the Front Desk will give you a PINK CARD

Have you been tested with the myRisk genetic test previously?

☐ YES ☐ NO

Have you had a mammogram at a KBEC site in the last 12 months?

☐ YES ☐ NO

If you have answered NO to all of the above questions (including the family history information), please turn this page over and complete a few additional questions.

FOR OFFICE USE ONLY

- ☐ Patient meets criteria for genetic testing:
- ☐ Patient was offered Tele Education today:
- ☐ Patient **DECLINED** recommended genetic test:

☐ YES

☐ YES

☐ YES

☐ NO

☐ NO

☐ NO

For patients who decline recommended testing: I acknowledge that I have been fully advised by my healthcare provider that my refusal to undergo recommended testing may delay or prevent diagnosis and treatment of significant illness, including cancer, and that I am at increased risk of serious morbidity and mortality.

Healthcare Provider Signature: _____

Patient signature if declining recommended testing: _____

If you answered NO to all of the questions on the previous page AND you have never been diagnosed with breast cancer, please complete the following questions for us. This information will be used by our team to provide an accurate breast cancer risk assessment for you.

Height: ____ feet ____ inches	Weight: ____ pounds
Age at time of your first menstrual period: ____ years	
Are you: <input type="radio"/> Pre-menopausal <input type="radio"/> Peri-menopausal <input type="radio"/> Post-menopausal (age of onset: ____ years)	
Have you had a live birth? <input type="radio"/> No <input type="radio"/> Yes (if yes, what was your age at first live birth: ____ years)	
Have you ever used Hormone Replacement Therapy? <input type="radio"/> No <input type="radio"/> Yes	
If Yes, Treatment Type: <input type="radio"/> Combined <input type="radio"/> Estrogen only <input type="radio"/> Progesterone only	
If Yes, are you a: <input type="radio"/> Current user—started ____ years ago and intend to use for ____ more years	
<input type="radio"/> Prior user—stopped ____ years ago	
If you have had a breast biopsy did it show:	
<input type="radio"/> Hyperplasia <input type="radio"/> Atypical Hyperplasia <input type="radio"/> LCIS <input type="radio"/> Biopsy with benign or unknown results <input type="radio"/> N/A	
How many of the following female relatives do you have?	
Daughters: ____	
Sisters: ____	
Maternal aunts (mom's sisters): ____	
Paternal aunts (dad's sisters): ____	

When completed, please return this form to the Front Desk.

If you circled YES to any of the questions about cancer in your family on the front of this document, you will be given a PINK CARD letting you know about an important, free service we are providing in our practice.