



Risk Assessment for Hereditary Cancer Syndromes

Patient Name: _____ Date Completed: _____
 Primary Physician: _____ Date of Birth: _____

The Center for Breast Health is committed to providing you with the highest level of quality care. Risk Assessment for Hereditary Cancer Syndromes identifies patients at high or elevated risk cancers so that appropriate screenings can be made available. Your personal and family cancer history will be evaluated as part of your imaging to provide you with the most optimal care. This risk assessment is part of our "Rose Program" here at the Breast Center.

Mother, Father, Siblings, Children, Half-siblings, Aunts/Uncles, Grandparents, Nieces/Nephews, Great Aunts/Uncles, Great Grandparents, First Cousins

Have you or any family members listed above been diagnosed with:

Circle YES or NO

		NO	YES
1	Are you of Jewish ancestry with Breast or Pancreatic Cancer (you or a family member)?	NO	YES
2	Breast cancer at 50 years of age or younger?	NO	YES
3	Two separate diagnoses of breast cancer or breast cancer in both breasts?	NO	YES
4	Three or more breast cancers all on the same side of the family (all on dad's or mom's side)?	NO	YES
5	Male breast cancer at any age?	NO	YES
6	Ovarian cancer at any age?	NO	YES
7	Colon cancer at 50 years of age or younger?	NO	YES
8	Endometrial (uterine) cancer at or under 50 years of age?	NO	YES
9	Three or more of the following cancers, circle ALL that apply: (<u>colon</u> , <u>endometrial</u> , <u>ovarian</u> , stomach, small bowel, biliary tract, kidney, brain, pancreatic)	NO	YES
10	Have you or a family member ever been tested for hereditary risk of cancer (e.g. BRCA, Lynch Syndrome)? If yes: Who _____ What year tested? _____ Result _____	NO	YES

To the best of my knowledge, I have provided the most accurate answers to the above questions

Patient Signature: _____

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Reviewer name and initials: _____

Patient watched video Yes No If no w/reason: _____

Patient spoke with GC: Yes No If no w/reason: _____

Patient tested with myRisk: Yes No If no, w/reason: _____

Notes: