

HEREDITARY CANCER RISK ASSESSMENT FORM

Patient Name: _____ DOB: _____ Today's Date: _____ Provider: _____

- These questions apply to **YOURSELF and YOUR FAMILY.**
- **Mother, father, sisters, brothers, children, grandparents, aunts, uncles, nieces, and nephews**
- The questions below are not meant to detect if you have cancer. Your cancer family history helps your provider decide if any screening tests are needed.
- Please indicate which family member had cancer and at what age.

PERSONAL & FAMILY CANCER HISTORY			SELF	FAMILY MEMBER		Age At Diagnosis
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Breast cancer at <i>any age in yourself</i>				
Y	N	Breast cancer at <i>age 50 or younger</i>				
Y	N	Pancreatic cancer <i>at any age</i>				
Y	N	Male breast cancer <i>at any age</i>				
Y	N	Ovarian cancer <i>at any age</i>				
Y	N	Metastatic prostate cancer (cancer that spreads to other parts of the body) <i>at any age</i>				
Y	N	<u>3</u> people with breast, prostate or pancreatic cancer on the same side of the family <i>at any age</i> (can include yourself)				
Y	N	<u>Jewish</u> ancestry & breast or pancreatic cancer <i>at any age</i>				
Y	N	Colon or rectal cancer <i>at age 64 or younger in yourself or 49 or younger</i> in a family member				
Y	N	Uterine/endometrial (not cervical) cancer <i>at age 64 or younger in yourself or 49 or younger</i> in a family member				
Y	N	<u>3</u> or more of the following cancers <i>at any age</i> : colon, endometrial (uterine), ovarian, stomach, small bowel, kidney/renal, bladder, brain, or pancreatic (can include yourself)				

Any additional cancers in your family not listed above:

FOR OFFICE USE ONLY: Does patient meet criteria for genetic education (One Yes)? Yes / No

If YES, the patient:

- Refused to watch a video** that could have explained the potential benefits of genetic testing. By refusing to assume the risks/consequences of not consenting to or delaying the potential genetic diagnosis, their individual cancer risk remains uncertain.
- Viewed the educational video and opted not to speak to a genetic counselor** who would have discussed their options for cancer risk assessment. By not speaking to the counselor, the patient does not have a complete understanding of the benefits/ limitations genetic testing would offer.
- Viewed the educational video and spoke to the genetic counselor** about options for cancer risk assessment. After having learned about their options on the benefits and limitations of genetic testing based on their reported history, the patient:
- Accepted testing** and will make an appointment for 4 weeks to review their results.
- Refused testing**, with the knowledge that they may have an undiagnosed hereditary cancer syndrome

Patient Signature: _____ Provider Signature: _____ Rev 3.27.19