

Hereditary Cancer Risk Assessment Form

Patient Name (print): _____ **DOB:** _____ **Date:** _____

Did you know that cancer can run in a family?

Identifying families with hereditary cancer is important because it gives us the chance to reduce cancer risks or prevent cancer in families. A careful review of the family history is the first step!

Please complete the check list below. Include yourself and blood relatives (children, parents, grandparents, brothers, sisters, nieces, nephews, aunts, uncles, and cousins) and consider your mother’s & father’s sides separately.

Do you have a Personal or Family History of:	YOU Type of cancer and age diagnosed	Family Member(s) List relatives, type of cancer & age diagnosed
Ovarian Cancer?		
Male Breast Cancer?		
Breast cancer at or before age 45?		
Triple Negative Breast Cancer at or before age 60? (Estrogen, Progesterone & HER2 negative)		
Metastatic Prostate Cancer?		
Pancreatic Cancer?		
2 or more separate breast cancers in the same person with one diagnosed at or before age 50?		
Uterine Cancer before age 50?		
Colon Cancer before age 50?		
10 or more polyps in the colon?		
2 family members on the same side of the family with breast cancer with one diagnosed at or before age 50?		
3 or more family members on the same side of the family with breast, ovarian, pancreatic or prostate cancer?		
2 or more of the following cancers in the same person: colon, uterine, ovarian, stomach, small bowel, pancreas, or brain?		
2 or more family members with one of the following cancers with one before the age of 50: colon, uterine, ovarian, stomach, small bowel, pancreas, brain, ureter, renal pelvis, biliary tract and sebaceous adenomas?		
3 or more family members on the same side of the family with one of the following cancers: colon, uterine, ovarian, stomach, small bowel, pancreas, brain, ureter, renal pelvis, biliary tract and sebaceous adenomas?		
Abnormal Genetic testing for cancer genes (BRCA, Lynch, polyposis, or others)		
Ashkenazi (Central/Eastern European) Jewish Ancestry & a personal or family history of breast, ovarian, aggressive prostate cancer or pancreatic cancer?	<input type="checkbox"/> No: <input type="checkbox"/> Yes: Mother’s side Father’s side Both Sides	
Multiple family members with the same type of cancer on the same side of the family?		
Other concerns about your family history of cancer?	If yes please describe:	

If any of the boxes are checked YES, you are a candidate for a Genetic Evaluation.

Please discuss this with your physician.

Patient Signature

Date

Health Care Provider

Date