TEXAS ONCOLOGY

Genetic ***R***isk ***E***valuation ***A***nd ***T***esting Program

Hereditary Cancer Risk Assessment Form

Patient Name (print): _____ DOB: _____Phone (Day): _____

Most cancer happens by chance and is not passed through families. However, in some families, cancer may be due to specific genetic factors that can be passed from parent to child. Identifying these hereditary families can help to determine the risk of cancer for individuals and their relatives. Individuals at hereditary risk for cancer have medical options to increase the chances of finding cancer early and reduce the risk of a first or second cancer. A careful review of the family history is an essential first step in identifying high-risk families. Please complete the family history check list below:

If you have or had cancer, what type(s): _____Age Diagnosed: _____

Please check the boxes below. Please include only blood relatives and consider your mother and father's side of the family separately.

Is there a Personal or Family History of:	**Have YOU had:**	**Do you have a family history of:**	**Please list the relative(s) and the type of cancer (Ex: mom - breast & maternal aunt - ovarian)**
Breast cancer at or before age 50?	↑	↑	
Triple Negative Breast Cancer at or before age 60? (ER/PR/HER2 negative cancer)	↑	↑	
Two primary breast cancers in the same person?	↑	↑	
2 relatives on the same side of the family with breast cancer with one diagnosed at or before age 50? (you may count yourself)	↑	↑	
Ovarian Cancer at any age?	↑	↑	
Breast & Ovarian cancer in the same person?	↑	↑	
Male Breast Cancer at any age?	↑	↑	
3 or more relatives with breast, ovarian, pancreatic and/or aggressive prostate cancer on the same side of the family at any age (you may count yourself)?	↑	↑	
Colon Cancer before age 50?	↑	↑	
Uterine Cancer before age 50?	↑	↑	
Abnormal MSI or IHC tumor test results? (testing done on colon or uterine tumors)	↑	↑	
2 or more of the following cancers in the same person OR 2 or more relatives on the same side of the family with one of the following cancers: colon, uterine, ovarian, stomach, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain or sebaceous adenomas? (you may count yourself)	↑	↑	
10 or more polyps in the colon?	↑	↑	
2 or more Melanomas in the same person?	↑	↑	
Melanoma and pancreatic cancer in the same person?	↑	↑	
3 or more relatives with melanoma and/or pancreatic cancer at any age on the same side of family (you may count yourself)?	↑	↑	
A known mutation (gene change) in a cancer gene?	↑	↑	
Ashkenazi (Central/Eastern European) Jewish Ancestry and a personal or family history of breast, ovarian or pancreatic cancer?	No: ↑ Yes: ↑ Maternal ↑ Paternal ↑ Both Sides		
Do you have any other concerns about your personal or family history of cancer?	If yes please describe:		

If any of the boxes are checked YES, you are a candidate for the Genetic Risk Evaluation and Testing Program. Please discuss with your physician.

Patient Signature ***Date*** ***Health Care Provider*** ***Date***