Please complete this form if you are seeing the Doctor for a Cancer diagnosis:

Hereditary Cancer Risk Assessment			
Patient Name:Patient Day time Phone:	Date of Birth:		
Most of the time, cancer happens by chance. However, in sin certain genes that can be passed from generation to gene increase a person's risk for certain cancers, including a sec diagnosed. Family members will benefit from this information be significantly reduced with the right medical interver is an essential first step, so please check all of the boxes that	eration. These ond cancer in tion, as will nations. A ca	e genetic cl n those who you, since l reful review	hanges significantly o have already been hereditary cancer risk
Have YOU been diagnosed with	YES	NO	UNCERTAIN
Breast cancer before age 50?			
Ovarian cancer at any age?			
Two breast cancers, or breast <i>and</i> ovarian cancer?			
Male breast cancer at any age?			
Colon or uterine cancer before age 50?			
Colon or uterine at <i>any age</i> with family history of either?			
Two colon cancers, or colon <i>and</i> uterine cancer?		П	П
15 or more colon polyps (can be cumulative)?			П
Two or more melanomas?			
Melanoma and pancreatic cancer?			
Are you of Ashkenazi Jewish Ancestry?			П
Have any of your FAMILY members been diagnosed we (Please indicate maternal or paternal as they are BOTH in	nportant)		WHO?
Breast cancer before age 50?			
Ovarian cancer at any age?			
Two breast cancers, or breast <i>and</i> ovarian cancer?*			
Male breast cancer at any age?			
Colon or uterine cancer before age 50?			
Two colon cancers, or colon <i>and</i> uterine cancer?*			
15 or more colon polyps (can be cumulative)?			
Two or more melanomas?*			
Melanoma and pancreatic cancer?*		.1 .1 .1	
* Can be two cancers in one person, or two or more people	e in your fan	nily with the	ese cancers
If any YES boxes are checked, you have a personal or family common hereditary cancer syndromes and are a candidate a genetic testing to determine if a gene change exists. We will additional information that will help you understand your i	for further ri ll discuss th	isk assessm is with you	ent and, if appropriate, and provide you with
☐ Candidate for further risk assessment and/or genetic testing		OFFICE	
☐ Information given to patient to review	USE		
☐ Follow up appointment scheduled	ONLY		
1 11			