



# Risk Assessment for Common Hereditary Cancer Syndromes

*This is a screening tool for cancers that run in families. Please consider blood family members only when completing.*

Patient Name \_\_\_\_\_ Physician \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Completed \_\_\_\_\_

*If you answer "yes" to any of the below cancers, please fill complete personal/family history. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.*

YOU	Age of Diagnosis	Siblings & Children	Age of Diagnosis	Mother's Side	Age of Diagnosis	Father's Side	Age of Diagnosis
<input type="radio"/> Yes <input checked="" type="radio"/> No	—	Brother	35	Aunt Cousin	40 52	Grandfather	77

## Breast & Ovarian Cancer

Breast cancer	<input type="radio"/> Yes <input type="radio"/> No						
Ovarian cancer	<input type="radio"/> Yes <input type="radio"/> No						
Breast cancer in both breasts OR multiple primary breast cancers	<input type="radio"/> Yes <input type="radio"/> No						
Male breast cancer	<input type="radio"/> Yes <input type="radio"/> No						

Are you of Ashkenazi Jewish descent?  Yes  No

## Colon & Uterine Cancer

Uterine (endometrial) cancer	<input type="radio"/> Yes <input type="radio"/> No						
Colorectal cancer	<input type="radio"/> Yes <input type="radio"/> No						
Ovarian, stomach, kidney/urinary tract, brain, OR small bowel cancer	<input type="radio"/> Yes <input type="radio"/> No						
10 or more cumulative colon polyps	<input type="radio"/> Yes <input type="radio"/> No						

## Melanoma

Melanoma	<input type="radio"/> Yes <input type="radio"/> No						
Pancreatic cancer	<input type="radio"/> Yes <input type="radio"/> No						

## Other Cancer

	<input type="radio"/> Yes <input type="radio"/> No						
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**Have You or Any Member of Your Family Ever Been Tested For Hereditary Risk of Cancer?**

Yes  No  If yes, please explain \_\_\_\_\_

### FOR OFFICE USE ONLY

- Patient is appropriate for further risk assessment and/or genetic testing
- Patient offered genetic testing:  Accepted  Declined
- Follow up appointment scheduled: Date \_\_\_\_\_