Cancer Risk Assessment

		Patient Name Dat	// te of Birth	Date Completed		
he	fami	screening tool for the common features of hereditary cand ily members listed. Our service will allow us to give you th of cancer detectionand early intervention to optimize you	e most technologic	these questions and take ally advanced screening p	e into consideration all possible to increase the	
		,		RELATIONSHIP TO FAMILY MEMBER W/		
		CANCER	SELF, SIBLINGS, CHILDREN	Mother or Relatives on Mother's side (Aunts, Uncles, Grandparents, Nieces, Nephews, Cousins)	on FATHER's side (Aunts, Uncles, Grandparents, Nieces, Nephews, Cousins)	
		PLEASE ANSWER EACH QUESTION, LIST WHICH FAMILY	MEMBER HAD THE	CANCER AND THEIR AGE	OF DIAGNOSIS	
Y	N	Colon Cancer before <u>age 50</u> ?				
Y	N	Endometrial Cancer before age 50?				
Y	N	Two or more of the following cancers in the same perso or on the same side of the family at any age? (endometrial,, colon, ovarian, stomach, ureter, small bowel, pancreas, brain)	n			
Y	N	Ten or more lifetime polyps (colorectal adenomas)?				
Y	N	Ashkenazi Jewish ancestry with breast or ovarian cancer in a family member at any age? Ovarian cancer at any age?	•			
Y	N	Male breast cancer at any age?				
Υ	N	Breast Cancer before age 50?				
Υ	N	Multiple breast cancers on the <u>same side</u> of the family? If <u>two</u> breast cancers one must be before <u>age 50</u> If <u>three</u> or more breast cancers they can be at <u>any</u> age				
Y	N	Prostate Cancer?				
Y	N	Melanoma?				
Υ	N	Other Cancers?				
ati	ent s	or anyone in your family had genetic testing for a heredit signature: pted out" of filling this form out please sign and date	Date:			
or O	fice U	Ise Only: fered testing Accepted Decli Sample Collected	Reaso	on for Decline:]	