****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereditary Cancer Risk Assessment Questionnaire

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following relatives should be considered:** Parents, siblings, half-siblings, children, grandparents, grandchildren, aunts, uncles, nieces and nephews on BOTH sides of the family.

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a **personal** history of: | Yes (Y) or No (N)? | Which cancer? | Age at diagnosis? |
| **Breast, ovarian**, or **pancreatic** cancer at any age | Y N |  |  |
| **Colorectal** or **uterine** cancer at 64 or younger | Y N |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a **family** history of: | Yes (Y) or No (N)? | Which relative? | Maternal (M) or Paternal (P) side? | Age at diagnosis? |
| Breast cancer at 49 or younger | Y N |  | M P |  |
| Two breast cancers (bilateral) in one relative at any age | Y N |  | M P |  |
| Three breast cancers in relatives on the same side of the family at any age | Y N |  | M P |  |
| Ovarian cancer at any age | Y N |  | M P |  |
| Pancreatic cancer at any age | Y N |  | M P |  |
| Male breast cancer at any age | Y N |  | M P |  |
| Metastatic prostate cancer at any age  *(Spread beyond prostate)* | Y N |  | M P |  |
| Colon cancer at 49 or younger | Y N |  | M P |  |
| Uterine cancer at 49 or younger | Y N |  | M P |  |
| Ashkenazi Jewish ancestry with breast cancer at any age | Y N |  | M P |  |
| Have you or anyone in your family had genetic testing for hereditary cancer? | Y N | Who? | | |

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**OFFICE USE ONLY 9-21-2020**

Patient offered hereditary cancer genetic testing? □ Yes □ No   
 If yes, □ Patient accepted □ Patient declined

Healthcare Provider signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_