

Cancer Risk Assessment Questionnaire

_____ / _____ / _____
Patient Name

_____ / _____ / _____
Date of Birth

_____ / _____ / _____
Date Completed

This is a screening tool for the common features of hereditary cancer. Our service will allow us to give you the most technologically advanced screening possible to increase the chances of cancer detection and early intervention to optimize your health.

Circle Y for those that apply to YOU and/or YOUR FAMILY (consider all relatives on both mother's and father's side). YOU AND THE FOLLOWING CLOSE BLOOD RELATIVES SHOULD BE CONSIDERED. *Mother, Father, Sister, Brother, Sons, Daughters, Half-Siblings, Aunts, Uncles, Grandparents, Nieces, Nephews, Cousins (IF MULTIPLE), Great Grandparents (IF MULTIPLE), Great Aunt/Uncle (IF MULTIPLE)*

TYPES OF CANCER		RELATIONSHIP TO FAMILY MEMBER w/ CANCER and AGE at DIAGNOSIS			
		SELF/ SIBLING	MOTHER or Relatives on MOTHERS's side	FATHER or Relatives on FATHER's side	
		<i>EXAMPLE:</i>	Me 35 Sister 40	Aunt 35	Grandmother 75
Y	N	Do you have a relative with Breast cancer before age 50?			
Y	N	Two breast cancers; one must be 50 or younger (must be on same side of family to qualify) Three or more breast cancers; they can be at any age (must be on same side of family to qualify)			
Y	N	Do you have a relative with Ovarian cancer at any age ?			
Y	N	Do you have a relative with Male breast cancer at any age ?			
Y	N	Ashkenazi Jewish ancestry with breast or ovarian cancer in a family member at any age ?			
Y	N	Do you have a relative with Colon Cancer before Age 50?			
Y	N	Do you have a relative with Endometrial Cancer before Age 50?			
Y	N	Do you have 3 relatives with Colon cancer or endometrial cancer at any age on the same side of the family??			
Y	N	Do you have Ten or more lifetime colon polyps?			
Y	N	Any other cancers?			

Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? Yes No Do Not Know

Patient signature: _____ Date: _____

For Office Use Only:

Patient offered testing Accepted Declined Reason for decline:

Does Not Meet Criteria Sample Collected

Office Signature _____