|  |
| --- |
| **Personal Information** |
| **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Care Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Instructions:** This is a screening tool for cancers that run in families. Please mark Y for those that apply to YOU and/or YOUR BIOLOGICAL FAMILY (on both your mother’s/maternal or father’s/paternal side). Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family. You and the following close blood family members should be considered:

* First-degree relatives: Mother, father, full siblings, or children
* Second-degree relatives: Grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings
* Third degree relatives: First-cousins, great-grandparents, great uncle/aunt, great grandchildren

|  |
| --- |
| **YOUR FAMILY’S Cancer History (Please be thorough and accurate)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CANCER** | **YOU**  **(age)** | **PARENTS / SIBLINGS / CHILDREN** | **AGE** | **MOTHER’S SIDE** | **AGE** | **FATHER’S SIDE** | **AGE** |
| **Y N** | ***EXAMPLE: BREAST CANCER*** |  | **Sister** | ***41*** | **Aunt**  **Cousin** | ***45***  ***61*** | **Grandmother** | ***53*** |
| Y N | BREAST CANCER |  |  |  |  |  |  |  |
| Y N | OVARIAN CANCER |  |  |  |  |  |  |  |
| Y N | UTERINE/ENDOMETRIAL CANCER |  |  |  |  |  |  |  |
| Y N | COLON/RECTAL CANCER |  |  |  |  |  |  |  |
| Y N | OTHER CANCER(S) (SPECIFY): |  |  |  |  |  |  |  |
| Y N Are you of Jewish descent? | | | | | | | | |
| Y N Have you or anyone in your family had genetic testing for a hereditary cancer syndrome?  If yes, please explain and include a copy of the result: | | | | | | | | |

|  |  |
| --- | --- |
| **Testing Criteria (FOR OFFICE USE ONLY….DO NOT FILL OUT)** | |
| ***Hereditary Breast and Ovarian Cancer Syndrome***   * Breast cancer diagnosed ***UNDER*** age 50\* * Ovarian cancer at ANY age\* * Two primary breast cancers in the same person at ANY age\* * Two relatives on the same side of the family with breast cancer, one diagnosed at or under age 50\*\* * Three or more relatives on the same side of the family with any of the following cancers: breast, ovarian, pancreatic, prostate\*\* * Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2)\* * Male breast cancer at ANY age\* * Ashkenazi Jewish ancestry with an HBOC-associated cancer\*\*\* * Metastatic prostate cancer\* * Pancreatic Cancer\* * Personal history of breast cancer | ***Lynch Syndrome***   * Colon/rectal cancer or endometrial cancer diagnosed at or under age 50\* * Two or more with a Lynch syndrome cancer\*\*\*\*, one before the age of 50\* * Three or more with a Lynch syndrome cancer\*\*\*\* at any age\* |
| * A previously identified BRCA1/BRCA2 mutation, Lynch syndrome or other genetic mutation in the family |
| \* In self, first or second degree family members  \*\*In self, first, second, or third degree family members  \*\*\*HBOC associated cancer includes: *Breast, ovarian, and pancreatic cancer*  \*\*\*\*Lynch-associated cancers include: *colon, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain and sebaceous adenomas.* |
| **Cancer Risk Assessment Review and Counseling** | |
| Patient’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health Care Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **For Office Use Only:**  Follow-up appointment scheduled: YES NO Date of Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient offered hereditary cancer genetic testing? YES NO ACCEPTED DECLINED | |