

Risk Assessment for Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome

Patient Name: _____
Date of Birth: _____

Physician: _____
Today's Date: _____

This is a screening tool for cancers that run in families. Please consider these family members when completing the form:

Mother / Father / Sister / Brother / Children = 1st Degree Relatives
Aunt / Uncle / Grandparent / Niece / Nephew = 2nd Degree Relatives Cousin / Great Grandparent = 3rd Degree Relatives

Have you or any of your relatives been tested for hereditary cancer (BRCA / Colaris) in the past? YES NO
Have you ever been diagnosed with cancer? What site: Age:

COLON AND UTERINE CANCER (Lynch Syndrome/Colaris)			SELF	YOUR RELATIONSHIP TO FAMILY MEMBER w/CANCER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	<i>EXAMPLE: Two or more relatives with a Lynch Syndrome cancer; one under age 50</i>			<i>Aunt – colon, Sister - uterine</i>	<i>47 yrs 60 yrs</i>
Y	N	Have <u>YOU</u> been diagnosed with uterine (endometrial) or Colorectal cancer before age 50?				
Y	N	Two or more relatives on the same side of the family w/any of the following, one diagnosed before 50 (please circle): <i>colon, uterine / endometrial, ovarian, stomach, small bowel, brain, kidney / urinary tract, ureter and renal pelvis</i>				
Y	N	Three or more relatives on the same side of the family w/any of the following diagnosed at any age (please circle): <i>colon, uterine / endometrial, ovarian, stomach, small bowel, brain, kidney / urinary tract, ureter and renal pelvis</i>				
Y	N	Family member has a known Lynch Syndrome mutation				

BREAST AND OVARIAN CANCER (HBOC/BRCAAnalysis)			SELF	YOUR RELATIONSHIP TO FAMILY MEMBER w/CANCER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Breast cancer at age 45 or younger (in self, first or second degree family members)				
Y	N	Ovarian cancer at any age (in self, first or second degree family members)				
Y	N	Two relatives on the same side of the family with breast cancer – with one under the age of 50				
Y	N	Three relatives on the same side of the family with breast cancer at any age				
Y	N	Multiple breast cancers in the same person (in the same breast or both breasts)				
Y	N	Male breast cancer at any age				
Y	N	Ashkenazi Jewish ancestry with breast, ovarian or pancreatic cancer in the same person or on the same side of the family				
Y	N	Pancreatic cancer with breast or ovarian cancer in the same person or on the same side of the family				
Y	N	Triple Negative breast cancer under age 60 (ER, PR and Her2 negative receptor status)				
Y	N	A family member with known BRCA mutation				

Is there any other cancer in you or any family members not listed above (provide site, relationship and age):

Patient Signature: _____

Date: _____

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Patient is appropriate for further risk assessment and / or genetic testing
Information given to patient to review Follow-up appointment scheduled on _____

Patient offered genetic testing: Accepted OR Declined HCP Signature: _____