

Personal information

Patient name	Date of birth	Healthcare provider	Today's date
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Instructions: Your personal and family history of cancer is important to provide you with the best care possible. Please complete the chart below based on your personal and family history of cancer. The following blood relatives should be considered: **parents, siblings, half-siblings, children, grandparents, grandchildren, aunts, uncles, nieces** and **nephews** on both sides of the family. For cancer sites with a '1st-degree relative' notation, only parents, siblings, and children should be considered.

Do you have personal history of:	Yes(y)/no(n)	Which cancer?	Age at diagnosis?
Breast, ovarian, or pancreatic cancer at any age	<input type="checkbox"/> Y <input type="checkbox"/> N		
Colorectal or uterine cancer at 64 or younger	<input type="checkbox"/> Y <input type="checkbox"/> N		

Do you have family history of:	Yes(Y)/No(N)	Maternal(M)/Paternal (P)	Which relative?	Age at diagnosis?
Breast cancer at 49 or younger	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Two different breast cancers in one relative at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Three breast cancers in relatives on the same side of the family at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Ovarian cancer at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Male breast cancer at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Triple negative breast cancer at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Ashkenazi Jewish ancestry with breast cancer at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Pancreatic cancer at any age (1 st -degree relative)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Metastatic or high-risk prostate cancer at any age (1st-degree relative)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Colon cancer at 49 or younger (1 st -degree relative)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Uterine cancer at 49 or younger (1 st -degree relative)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Three colon and/or uterine cancers on the same side of the family at any age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> P		
Do you have family history of other cancers?	List them here:			
Have you or anyone in your family had genetic testing for hereditary cancer?	Who?	What gene?	Result?	

Cancer risk assessment review (to be completed after discussion with your healthcare provider)

Patient signature	Date
Healthcare provider signature	Date

Office use only Patient offered hereditary cancer genetic testing? Yes No Accepted Declined

If yes, which test? BRACAnalysis® with MyRisk™ Multisite 3 BRACAnalysis® REFLEX to BRACAnalysis® with MyRisk™

COLARIS®PLUS with MyRisk™ COLARIS AP®PLUS with MyRisk™ Single site testing MyRisk™ Update Test

Other: _____

Follow-up appointment scheduled? Yes No Date of next appointment: _____



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