



Risk Assessment for Hereditary Cancer Syndrome

Instructions: **Please circle YES (Y)** to any statement below if it applies to **YOU OR YOUR FAMILY MEMBERS**. Next to each statement, please list the **AGE** of the person when they were **diagnosed** with cancer and your relation. **Consider the following family members on both your MOTHER's and FATHER'S side:**

You – Your Mother – Your Father – Your Brothers & Sisters – Your Children – Your 1st Cousins – Your Nieces & Nephews, Your Father's Brothers & Sisters and your Mother's Brothers & Sisters (Your Aunts and Uncles), Your Father's Parents and your Mother's Parents (Your Grandmother & Grandfather) – Your Great Grandparents

Your Name: _____ Date of Birth: _____ Date of Visit: _____

BREAST AND OVARIAN CANCER		You or Siblings	AGE	Mother's Side	AGE	Father's Side	AGE
Y / N	Have YOU had breast cancer at or before age 50			N/A	N/A	N/A	N/A
Y / N	Your MOTHER, SISTER, DAUGHTER, GRANDMOTHER, AUNT, or NIECE diagnosed with breast cancer at or before age 45						
Y / N	2 or more breast cancers on the same side of the family, 1 BEFORE age 50						
Y / N	3 or more breast cancers on the same side of the family, at ANY age						
Y / N	Ovarian Cancer in your family or YOU , at ANY age						
Y / N	Male Breast Cancer in your family, at ANY age						
Y / N	Triple Negative Breast Cancer in the family						
Y / N	3 or more of the following cancers on the same side of the family, at ANY age (breast, ovarian, prostate, or pancreatic)						
Y / N	Ashkenazi Jewish ancestry with ANY breast, ovarian or pancreatic cancer in the family						
Y / N	Is there a known BRCA Mutation in the family						
Y / N	Have you been tested for a BRCA mutation						
COLON AND UTERINE CANCER		You or Siblings	AGE	Mother's Side	AGE	Father's Side	AGE
Y / N	Have YOU had COLORECTAL (Colon) before age 50, or UTERINE (Endometrial) cancer at ANY age			N/A	N/A	N/A	N/A
Y / N	2 or more COLORECTAL (Colon) CANCERS on the same side of the family, 1 BEFORE age 50						
Y / N	1 COLORECTAL CANCER AND 1 or more LYNCH SYNDROME CANCER (listed below) on the same side of the family, 1 BEFORE age 50						
Y / N	3 or more LYNCH SYNDROME CANCERS (listed below) on the same side of the family						

*Lynch Syndrome Cancers: Colorectal, Uterine/Endometrial, Ovarian, Gastric, Stomach, Pancreatic, Ureter, Bladder, & Brain