

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 BLOOD family members only when completing:

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

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

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

Patient's 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: _____