



## 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. **M = Maternal P = Paternal**

**Do you have personal history of:** Y N Which Cancer? Age at Diagnosis?

Breast, Ovarian, Colon, Rectal or Pancreatic Cancer				
Uterine cancer at 64 or younger				

**Do you have family history of:** Y N M P Which Relative? Age at Diagnosis?

Breast cancer at 50 or younger						
Two different breast cancers in one relative at any age						
Three breast cancers in relatives on the same side of family at any age						
Ovarian cancer at any age						
Male breast cancer at any age						
Triple negative breast cancer at any age						
Ashkenazi Jewish ancestry with breast cancer at any age						
Pancreatic cancer at any age (1st-degree relative)						
Metastatic or high-risk prostate cancer at any age (1st-degree relative)						
Colon cancer at 49 or younger (1st-degree relative)						
Uterine cancer at 49 or younger (1st-degree relative)						
Three colon and/or uterine cancers on the same side of the family at any age						

Do you have a family history of other cancers?	List them here:		
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Have you or anyone in your family had genetic testing for hereditary cancer?	Who?	What gene?	Result?
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## 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 appt scheduled? YES NO Date of next appt