

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

Patient Name: _____

Physician Name: _____

Instructions: This is a screening tool for the common features of hereditary cancer syndromes. If you circle Y (yes) for any statement below, you may be appropriate for hereditary cancer testing. When you circle Y, please provide the family member's relationship to you, the site of their cancer and their age when they were diagnosed with cancer.

Mother/Father/Sister/Brother/Children = **1st Degree Relatives**

Aunt/Uncle/Grandparents/Niece/Nephew = **2nd Degree Relatives**

Cousin/Great Grandparents = **3rd Degree Relatives**

Have you or any of your relatives been tested for hereditary cancer (HBOC/BRACAnalysis or Lynch/COLARIS)? YES NO

COLON AND UTERINE CANCER (COLARIS)		SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
Y	N		MOTHER'S SIDE	FATHER'S SIDE	
		Uterine (endometrial cancer before age 50)			
		Colorectal cancer before age 50			
		Two or more of the following cancers on the same side of the family: colon, uterine (endometrial), ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis			
		A family member with a known Lynch Syndrome mutation			

BREAST AND OVARIAN CANCER (BRACAnalysis)		SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
Y	N		MOTHER'S SIDE	FATHER'S SIDE	
		Breast cancer at age 45 or younger (in self, first or second degree family members)			
		Ovarian cancer at any age (in self, first or second degree family members)			
		Two relatives on the same side of the family with breast cancer 1 diagnosed at age 50 or younger			
		Two relatives on the same side of the family with breast and ovarian cancer regardless of age			
		Three relatives on the same side of the family with breast and/or ovarian cancer at any age			
		Bilateral Breast cancer/ 2 primary breast cancers when first Breast cancer was diagnosed at age 50 or younger			
		Triple negative breast cancer under the age of 60 (receptor status negative for ER, PR and HER2)			
		Male breast cancer at any age			
		Breast or ovarian cancer in Ashkenazi Jewish family members			
		Pancreatic cancer with 2 or more breast and/or ovarian cancers on the same side of the family			
		A family member with a known BRCA mutation			

Are you of Jewish descent? YES NO

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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

Physician Signature: _____

Patient's Signature: _____

Date: _____