

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 these family members when completing the form:

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

Have you ever been diagnosed with cancer? What site: _____ Age: _____

		COLON AND UTERINE CANCER (Lynch Syndrome/Colaris)	Self, Sibling or Child	YOUR RELATIONSHIP TO FAMILY MEMBER w/ CANCER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
<input checked="" type="radio"/>	<input type="radio"/>	EXAMPLE: Two or more relatives with a Lynch syndrome cancer; one under age 50			Aunt-colon Sister-uterine	47 yrs 60 yrs
<input type="radio"/>	<input type="radio"/>	Have YOU been diagnosed with uterine (endometrial) or colorectal cancer before age 50				
<input type="radio"/>	<input type="radio"/>	Two or more relatives on the same side of the family with any of the following, one diagnosed before 50 (please circle): <i>colon, uterine/endometrial, ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis</i>				
<input type="radio"/>	<input type="radio"/>	Three or more relatives on the same side of the family with any of the following diagnosed at any age (please circle): <i>colon, uterine/endometrial, ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis</i>				
<input type="radio"/>	<input type="radio"/>	Family member has a known Lynch syndrome mutation *if you are unfamiliar with Lynch syndrome it is unlikely that it exists in your family				

		BREAST AND OVARIAN CANCER (HBOC/BRCAAnalysis)	Self, Sibling or Child	YOUR RELATIONSHIP TO FAMILY MEMBER w/ CANCER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
<input type="radio"/>	<input type="radio"/>	Breast cancer at age 45 or younger (in self, first or second degree family members)				
<input type="radio"/>	<input type="radio"/>	Ovarian cancer at any age (in self, first or second degree family members)				
<input type="radio"/>	<input type="radio"/>	Two relatives on the same side of the family with breast cancer—with one under the age of 50				
<input type="radio"/>	<input type="radio"/>	Three relatives on the same side of the family with breast cancer at any age				
<input type="radio"/>	<input type="radio"/>	Multiple breast cancers in the same person (in the same breast or in both breasts)				
<input type="radio"/>	<input type="radio"/>	Male breast cancer at any age				
<input type="radio"/>	<input type="radio"/>	Ashkenazi Jewish ancestry with breast, ovarian or pancreatic cancer in the same person or on the same side of the family				
<input type="radio"/>	<input type="radio"/>	Pancreatic cancer with breast or ovarian cancer in the same person or on the same side of the family at any age				
<input type="radio"/>	<input type="radio"/>	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: _____