

Name: _____

Date of Birth: _____

RISK ASSESSMENT QUESTIONNAIRE for CT Women Ob/GYN

Your family history is important. This is a screening questionnaire for the common features of hereditary cancers. This information will be reviewed by your Health Care Provider and will be used during your visit.

For this questionnaire, **CLOSE RELATIVE** is defined as a 1st or 2nd degree relative

1st degree: Mother, Father, Sister, Brother, Children

2nd degree: Aunt, Uncle, Grandparent, Niece, Nephew

Personal Cancer History			Cancer Site	Age at Diagnosis
Y	N	Have you ever been diagnosed with breast, ovarian, colon, or endometrial (uterine) cancer?		

Breast and Ovarian Cancer Family History			Mother's Side of Family	Father's Side of Family	Age at Diagnosis
<input checked="" type="radio"/>	N	EXAMPLE: Do you have a close relative diagnosed with breast cancer before age 45?		<i>Aunt</i>	<i>41</i>
Y	N	Do you have a close relative diagnosed with breast cancer before age 45?			
Y	N	Do you have a close relative diagnosed with ovarian cancer at any age?			
Y	N	Do you have two close relatives on the same side of the family diagnosed with breast cancer, one before age 50?			
Y	N	Do you have three relatives on the same side of the family diagnosed with breast cancer at any age?			
Y	N	Do you have a close relative diagnosed with multiple breast cancers in the same or both breasts?			
Y	N	Do you have a close relative diagnosed with male breast cancer?			
Y	N	Are you of Jewish ancestry with a breast or ovarian cancer in the family?			
Y	N	Do you have a close relative with a known BRCA or other genetic mutation?			

Colon and Endometrial (Uterine) Cancer Family History			Mother's Side of Family	Father's Side of Family	Age at Diagnosis
<input checked="" type="radio"/>	N	EXAMPLE: Do you have two close relatives on the same side of the family diagnosed with colon, endometrial (uterine), or ovarian cancer, one before age 50?	<i>Uncle – Colon Sister – Uterine</i>		<i>48 years 52 years</i>
Y	N	Do you have two close relatives on the same side of the family diagnosed with colon, endometrial (uterine), or ovarian cancer, one before age 50?			
Y	N	Do you have three relatives on the same side of the family diagnosed with colon, endometrial (uterine), or ovarian cancer at any age?			
Y	N	Do you have a close relative with a known Lynch Syndrome mutation?			

Is there any cancer in your family that is not listed above? If yes, please provide site, relationship of family member, and age at diagnosis:

Candidate for Testing: YES NO

Testing Offered: YES NO

Accepted Declined

Name: _____

Date of Birth: _____

Patient Signature

Provider Signature

Date

Candidate for Testing: YES NO

Testing Offered: YES NO

Accepted Declined