insight
MEDICAL GENETICS

CANCER RISK ASSESSMENT INTAKE FORM

PATIENT NAME _____

DATE OF BIRTH _____

Please check all boxes that apply:

	PERSONAL	RELATIVE (include relationship)	N/A
1. Breast Cancer at age ≤50	☐	☐ _____	☐
2. "Triple Negative" Breast Cancer (Estrogen Receptor (ER) negative, Progesterone Receptor (PR) negative, HER2neu negative)	☐	☐ _____	☐
3. Ovarian, fallopian tube, or primary peritoneal cancer	☐	☐ _____	☐
4. Male breast cancer	☐	☐ _____	☐
5. Bilateral breast cancer (cancer in both breasts) or two breast primaries (1 dx'd <50 yrs)	☐	☐ _____	☐
6. Ashkenazi (Eastern/Central European) Jewish ancestry with breast or ovarian cancer	☐	☐ _____	☐
7. Pancreatic Cancer with a family history of breast or ovarian cancer	☐	☐ _____	☐
8. Colorectal cancer or several pre-cancerous polyps (adenomas) at an age ≤50	☐	☐ _____	☐
9. Endometrial (uterine) cancer at age ≤50	☐	☐ _____	☐
10. 10 or more total pre-cancerous polyps (adenomas) in a person's lifetime	☐	☐ _____	☐
11. Two or more cases of the same type of cancer on one side of the family (ex. breast, ovarian, colon, kidney, sarcoma, thyroid, melanoma)	☐	☐ _____	☐
12. History of multiple primary cancers	☐	☐ _____	☐
13. Personal and/or family history of a known genetic mutation	☐	☐ _____	☐
14. Personal or family history at metastatic prostate cancer	☐	☐ _____	☐
15. Family histoory of a man who died of prostate cancer	☐	☐ _____	☐