



IF YOU HAVE FILLED THIS OUT WITHIN THE LAST 12 MONTHS AND HAVE NO NEW CANCERS TO REPORT CHECK HERE AND STOP FILLING OUT FORM ☐

Patient Name: _____

Date of Birth: _____ Provider: _____ Today's Date: _____

This is a screening tool for cancers that run in families. Answer **YES** or **NO**.

If any YES please **LIST** relatives with cancer diagnoses on your **MOTHER's (M)** and **FATHER's (P)** Side for these relatives only: **Parents, Siblings, Children, Aunt/Uncles, Grandparents, Nieces/Nephews**

Please circle YES or NO		Specify Relative(s) or Self	Specify Cancer	Age of Diagnosis
Y	N	BREAST cancer diagnosed at age 49 or under		
Y	N	OVARIAN cancer (any age)		
Y	N	3 of the following cancers on the same side of the family: BREAST, PROSTATE, PANCREATIC (any age)		
Y	N	Male BREAST cancer (any age)		
	N	COLON or ENDOMETRIAL cancer in YOURSELF age 49 or under		
Y	N	3 of the following cancers on the same side of the family: COLON, ENDOMETRIAL, OVARIAN, GASTRIC, PANCREATIC, BRAIN		
Y	N	Ashkenazi Jewish Ancestry with BREAST, PROSTATE or PANCREATIC cancer (any age)		
Y	N	Please list ALL other cancers:		

FOR OFFICE USE ONLY

Patient is appropriate for genetic testing: **Y / N**

Patient accepting genetic testing: **Y / N**

☐ BRACAnalysis* with Myriad myRisk* ☐ COLARIS*PLUS with Myriad myRisk* ☐ Multisite 3 BRACAnalysis REFLEX ☐ Other: _____

HCP Signature: _____ Patient Signature: _____