

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Have you or any family members been diagnosed with:		
<i>(Include: Mother, Father, Siblings, Children, Half-siblings, Aunts/Uncles, Grandparents, Nieces/Nephews, **Cousins and Great Grandparents) **Important to know but may not dictate criteria met</i>		
Yes	No	Have you ever had hereditary cancer genetic testing in the past? If "yes", What year? _____ What Lab? _____ What were Results? _____
Yes	No	Do you have any Ashkenazi Jewish Ancestry and breast cancer in any family member?
Yes	No	Breast cancer in yourself (at any age)
Yes	No	Breast cancer diagnosed by age 49 in a close relative
Yes	No	Ovarian cancer in any family member?
Yes	No	Pancreatic cancer in any family member?
Yes	No	Male breast cancer or metastatic prostate cancer in the family? (metastatic: cancer has spread to distant sites)
Yes	No	2 Breast cancers in one person, one diagnosed by age 49 (same or different breast)
Yes	No	Uterine, colon or rectal cancer diagnosed by age 64 in yourself.
Yes	No	Uterine, colon or rectal cancer diagnosed by age 49 in a parent, sibling or child.
Yes	No	3 or more family members on the same side of family: colon, rectal, uterine/endometrial, brain, gastric/stomach, kidney, renal pelvis/ureter/bladder, sebaceous adenoma, small bowel.
Yes	No	3 or more family members <i>on same side of the family</i> with breast, pancreas or prostate cancers at any age <i>**Here also include cousins, great uncles/aunts and great grandparents</i>
Yes	No	20 or more total colon polyps (include adenomas or precancerous polyps) <i>*Yourself, Parents, siblings, children</i>

Office Use Only

Does patient meet criteria for genetic evaluation (NO/ YES)? _____ Yes _____ NO

Did patient watch Video? _____ Yes _____ NO

Did patient talk to GC? _____ Yes _____ NO

If NO to VIDEO or GC, Why? _____

If appropriate, patient decision on genetic testing recommendation: Accepted myRisk _____ Declined myRisk _____

Patient's Signature _____ Date _____

Technologist Signature _____ Date: _____