# Risk Assessment for Lynch Syndrome and Hereditary Breast and Ovarian Cancer Syndrome

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

**Instructions:** Please fill out the family history form below. If you circle Y, please provide the family member's relationship to you, the part of the body where the cancer started, and age of diagnosis. Consider your 1st, 2nd, and 3rd degree relatives.

**Example 1: Mother / Breast Cancer / 42** **Example 2: Uncle / Colon Cancer / 33**

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

**2nd degree relatives: Aunt, Uncle, Grandparent, Niece, Nephew, Half siblings

***3rd degree relatives: Cousin, Great Grandparents, Great Aunts and Uncles

| | | BREAST AND OVARIAN CANCER (BRACAnalysis) | SELF (Age at Diagnosis) | FAMILY MEMBER | |
|---|---|---|---|---|---|
| | | | | MOTHER'S SIDE/AGE | FATHER'S SIDE/AGE |
| Y | N | Breast cancer at age 45 or younger ** | | | |
| Y | N | Ovarian cancer at any age ** | | | |
| Y | N | Two relatives on the same side of the family with breast cancer; ONE at or under the age of 50 *** | | | |
| Y | N | Three or more of the following cancers at any age on the same side of the family: breast, ovarian, pancreatic, or prostate *** | | | |
| Y | N | One relative with TWO separate breast cancers; one diagnosed at or before the age of 50 ** | | | |
| Y | N | Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2) ** | | | |
| Y | N | Male breast cancer at any age ** | | | |
| Y | N | Breast, ovarian, or pancreatic cancer at any age in Ashkenazi Jewish family members ** | | | |
| Y | N | A family member with a known BRCA mutation | | | |
| | | **COLON AND UTERINE CANCER (COLARIS)** | **SELF (Age at Diagnosis)** | **FAMILY MEMBER** | |
| | | | | **MOTHER'S SIDE/AGE** | **FATHER'S SIDE/AGE** |
| Y | N | Uterine (endometrial) cancer at or under age 50 ** | | | |
| Y | N | Colon/rectal cancer at or under age 50 ** | | | |
| Y | N | Colon/rectal and/or endometrial (uterine) cancer: ***<br>• PLUS 1 of the following cancers (**ovarian, stomach, small bowel, kidney/urinary tract, ureter or renal pelvis**) one cancer diagnosed at or under age 50 **OR**<br>Colon/rectal and/or endometrial (uterine) cancer: ***<br>• PLUS 2 of the **above** cancers diagnosed at any age | | | |
| Y | N | A family member with a known Lynch Syndrome mutation | | | |

- Ancestry: _____
- Please list any other cancers in your family _____
- Have you or any of your relatives been tested for hereditary cancer (BRACAnalysis or Lynch/COLARIS)? YES NO
- If YES were the results positive or negative? _____

**Patient's signature:_____ Date of birth_____ Today's Date: _____**

**Physician's signature:_____ Today's Date: _____**

**Please do not fill out the below section until you have talked with your provider**

My provider, has recommended the BRACAnaylsis and/or Colaris genetic test based on my personal and/or family history of cancer. He/She has explained to me the potential benefits of the genetic test and the risks of not consenting to the genetic test. Despite my provider's recommendation, I decline to consent to the genetic test.

**Signature of patient for informed refusal_____**