

Risk Assessment for Hereditary Breast and Ovarian Cancer Syndrome

Patient Name: _____ Physician: _____

Date of Birth: _____ Date Completed: _____

Instructions: Please circle Y for those that apply to YOU and/or YOUR FAMILY (on both your mother's/maternal or father's/paternal side). Next to each statement, please list the relationship to you and age of diagnosis. You and the following family members should be considered:

*Mother Father Brother Sister Children Paternal Uncle/Aunt Maternal Uncle/Aunt First Cousins
Niece/Nephew Maternal Grandmother/Grandfather Paternal Grandmother/Grandfather*

Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary breast and ovarian cancer syndrome. Share this information with your healthcare professional to help determine your hereditary cancer risk.

BREAST AND OVARIAN CANCER		SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
Y	N	Breast cancer at age 50 or younger		
Y	N	Ovarian cancer		
Y	N	Two primary (unrelated) breast cancers in the same person or on the same side of the family		
Y	N	Male breast cancer		
Y	N	Triple negative breast cancer* (ER-, PR-, HER2- pathology)		
Y	N	Three or more HBOC-associated cancers at any age in the same person or on the same side of the family <small>HBOC-associated cancers include breast (including DCIS), ovarian, pancreatic, and aggressive prostate cancer</small>		
Y	N	Ashkenazi Jewish ancestry with breast, ovarian, pancreatic, or aggressive prostate cancer in the same person or on the same side of the family		
Y	N	Have you or any member of your family ever been tested for hereditary risk of cancer? If yes, please explain:		

Patient's Signature

Date

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- Candidate for further risk assessment and/or genetic testing
- Information given to patient to review
- Follow-up appointment scheduled Date: _____

Patient offered genetic testing:

- Accepted
- Declined

Healthcare Professional's Signature

Date

*For a better understanding of triple negative breast cancer, please ask your healthcare provider.

Assessment criteria based on medical society guidelines. For these individuals society guidelines go to www.MyriadPro.com/guidelines

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