

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

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

**Instructions:** This is a screening tool for the common features of hereditary cancer syndromes. If you circle Y (yes) for any statement below, you may be appropriate for hereditary cancer testing. When you circle Y, please provide the family member's relationship to you, the site of their cancer and their age when they were diagnosed with cancer.

Mother/Father/Sister/Brother/Children = **1<sup>st</sup> Degree Relatives**

Aunt/Uncle/Grandparent/Niece/Nephew = **2<sup>nd</sup> Degree Relatives**      Cousin/Great Grandparent = **3<sup>rd</sup> Degree Relatives**

Have you or any of your relatives been tested for hereditary cancer (HBOC/BRCA analysis or Lynch/COLARIS)? YES NO

Have you ever been diagnosed with cancer? What site: \_\_\_\_\_ What age: \_\_\_\_\_

COLON AND UTERINE CANCER (COLARIS)		SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
Y	N		MOTHER'S SIDE	FATHER'S SIDE	
Y	N				
Uterine (endometrial) cancer before age 50					
Y	N				
Colon cancer before age 50					
Y	N				
Two or more (at any age) of the following cancers on the same side of the family: colon, uterine (endometrial), ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter or renal pelvis					
Y	N				
A family member with a known Lynch Syndrome mutation					

BREAST AND OVARIAN CANCER (BRCA analysis)		SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
Y	N		MOTHER'S SIDE	FATHER'S SIDE	
Y	N				
Breast cancer at age 45 or younger (in self, first or second degree family members)					
Y	N				
Ovarian cancer at any age (in self, first or second degree family members)					
Y	N				
Two relatives on the same side of the family with breast cancer under the age of 50					
Y	N				
Three relatives on the same side of the family with breast and/or ovarian cancer at any age					
Y	N				
Triple negative breast cancer under the age of 60 (receptor status negative for ER, PR and HER2)					
Y	N				
Male breast cancer at any age					
Y	N				
Breast or ovarian cancer at any age in Ashkenazi Jewish family members					
Y	N				
Pancreatic cancer with 2 or more breast and/or ovarian cancers on the same side of the family					
Y	N				
A family member with a known BRCA mutation					

Are you of Jewish descent? YES NO

Is there any other cancer in you or any family members not listed above? If yes, please provide the family member's relationship to you, the site of their cancer and their age when they were diagnosed with cancer:

Patient's signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Patient is appropriate for further risk assessment and/or genetic testing
- Information given to patient to review
- Follow-up appointment scheduled on \_\_\_\_\_
- Patient offered genetic testing: Accepted OR Declined      HCP Signature: \_\_\_\_\_