CAPITAL WOMEN'S CARE
Working Together for Women's Health

Hereditary Risk Assessment

NAME: _____ DATE OF BIRTH: _____ DATE: _____

Based on the information you provide here, you MAY be appropriate for genetic testing and your provider may be able to change your medical management to improve your care. Please circle YES to those that apply to you and/or your family. Consider these family members when completing the form (both MATERNAL AND PATERNAL sides of the family): **1st DEGREE BLOOD RELATIVES**: Parents/Siblings/Children **AND 2nd DEGREE BLOOD RELATIVES**: Aunts/Uncles/Grandparents/Nieces/Nephews

I HAVE HAD HEREDITARY CANCER GENETIC TESTING: **Yes** **No**

If YES, please indicate RESULTS: ☐ Negative ☐ Positive, Gene: _____

PRECONCEPTION CARRIER SCREENING:

Do you plan to become pregnant in the next 3 years? **Yes** **No** **N/A**

IF YOU HAVE ALREADY HAD CANCER GENETIC TESTING, YOU DO NOT NEED TO FILL OUT THE REST OF THE FORM

			Specify Which Relative(s): and Maternal (M) or Paternal (P)?	**Age of Diagnosis:**
Breast cancer before age 50 (or any age in YOURSELF)	Yes	No	_____	_____
Ovarian cancer at any age	Yes	No	_____	_____
Breast cancer in both breasts (bilateral) at any age	Yes	No	_____	_____
3 breast cancers on the same side of the family at any age	Yes	No	_____	_____
Male breast cancer at any age	Yes	No	_____	_____
Pancreatic cancer at any age	Yes	No	_____	_____
Uterine cancer before age 50 (or before 65 in YOURSELF)	Yes	No	_____	_____
Colorectal cancer before age 50 (or before 65 in YOURSELF)	Yes	No	_____	_____
3 or more of the following cancers on the same side of the family: Uterine, Colorectal, Stomach	Yes	No	_____	_____
Ashkenazi Jewish ancestry with breast cancer at any age	Yes	No	_____	_____
Have any of your family members had genetic testing?	Yes	No	If yes, explain: _____	

Patient Signature: _____ **Provider you are seeing today:** _____

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Patient is a candidate for genetic testing: **Yes** **No**

___ Patient accepted ___ Patient declined ___ Patient declined/will confirm history with relatives

PROVIDER INITIALS: _____