

Breast Cancer Risk Assessment Questionnaire

Name (print): _____

Today's Date: _____

Date of Birth: _____

Family History Of:	Self	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
<i>Example</i>			<i>Aunt</i>	<i>30</i>		
Breast Cancer						
Breast Cancer						
Breast Cancer						
Ovarian Cancer						
Ovarian Cancer						
Ovarian Cancer						
Uterine Cancer						
Uterine Cancer						
Uterine Cancer						
Pancreatic Cancer						
Pancreatic Cancer						
Pancreatic Cancer						
Colon Cancer						
Colon Cancer						
Colon Cancer						
Other Cancer						
Other Cancer						
Other Cancer						
Additional Info						
Are you of Ashkenazi Jewish Ancestry? Yes / No						
Have you ever had genetic testing for breast, ovarian or colon cancer? Yes / No						
Have you ever had personal genetic testing such as 23 & ME or Color Genomics? Yes / No						
Does anyone in your family have a breast or colon cancer gene mutation? Yes / No						

<u>For Office Use Only</u>
Letter Sent: Yes / No