



RISK ASSESSMENT FOR HEREDITARY CANCER

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The Hereditary Cancer Risk Clinic manages patients and their family members who may be at increased risk for breast, colon, ovarian, pancreatic, prostate, and other cancers based on a genetic cause. If you answer "Yes" to any of the following questions, you may benefit from further evaluation and possible genetic testing. Please call **208-400-5131** to make an appointment. Please print, fill out, and bring this form to your appointment with you.

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

1. Y or N Personal or family history of breast or ovarian cancer? If Y, then please answer the following:

Y or N Has any relative (including yourself) been diagnosed with breast cancer at age 45 or younger?

Y or N Do any of your relatives (including yourself) have a history of ovarian cancer?

Y or N Have you had 2 relatives (including yourself) on the same side of the family with breast cancer, one diagnosed at 50 or younger?

Y or N Have you had 3 relatives on the same side of the family (including yourself) diagnosed with breast cancer?

Y or N Has any first or second degree relative (including yourself) had breast cancer more than once with the first diagnosis at age 50 or younger?

Y or N Has any male relative had breast cancer?

Y or N Does anyone in your family have a known cancer gene mutation?

2. Y or N Personal or family history of colon polyps, colon cancer, or uterine cancer? If Y, then please answer the following:

Y or N Has any first degree relative (parents, siblings, children, including yourself) been diagnosed with colon cancer younger than age 50?

Y or N Has any first degree relative (parents, siblings, children, including yourself) been diagnosed with uterine cancer younger than age 50?

Y or N Has any first degree relative been diagnosed with colon or uterine cancer along with any one of the following cancers: stomach, ovarian, pancreatic, kidney, bile duct, small intestine or brain?

Y or N Have you had two first degree relatives (including yourself) on the same side of the family with colon or uterine cancer, one diagnosed at age 50 or younger?

Y or N Have you had three first degree relatives on the same side of the family (including yourself) diagnosed with colon, uterine, stomach, ovarian, pancreatic, kidney, bile duct, small intestine or brain cancer?

Y or N Has any relative (including yourself) been diagnosed with 10 or more colon polyps?

3. Y or N Ashkenazi Jewish ancestry?

4. Y or N Personal or family history of: Aggressive prostate cancer, pancreatic cancer or multiple melanomas?