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RISK ASSESSMENT FOR HEREDITARY CANCER

If you answer "Yes" to any of the following questions, you may benefit from further evaluation and possible genetic testing.

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

Cell phone: _____ Email: _____ Contact you: Y/N

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 50 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 in multiple sites or more than once?
- Y or N Has any male relative had breast cancer?
- Y or N Has any relative (including yourself) had multiple primary breast cancers (two different cancers)?

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 Have you or any first degree relative (parents, siblings, children, including yourself) been diagnosed with colon or uterine cancer younger than age 50?
- Y or N Have you had colon cancer at age 50 or older with tumor testing that shows MMR deficiency (this would be noted on the pathology report).
- 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: male breast cancer, triple negative breast cancer, aggressive or metastatic prostate cancer, pancreatic cancer or multiple melanomas?**