

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

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

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

**Instructions:** This is a screening tool for the common features of hereditary cancer syndromes. If you circle Y (yes) to any statement below, you may be appropriate for hereditary cancer testing. When you circle Y, please provide the age of diagnosis and relationship of family member 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 a hereditary cancer syndrome in the past?      YES      NO

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

COLON AND UTERINE CANCER			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Uterine (endometrial) cancer before age 50				
Y	N	Colorectal cancer before age 50				
Y	N	Two or more of the following cancers on the same side of the family: 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			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				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—with one under the age of 50				
Y	N	Three relatives on the same side of the family with breast cancer at any age				
Y	N	Triple negative breast cancer under the age of 60 (ER, PR and HER2 negative receptor status)				
Y	N	Male breast cancer at any age				
Y	N	Ashkenazi Jewish ancestry with breast, ovarian or pancreatic cancer in the same person or on the same side of the family				
Y	N	Pancreatic cancer with breast or ovarian cancer in the same person or on the same side of the family				
Y	N	A family member with a known BRCA mutation				

Is there any other cancer in you or any family members not listed above? If yes, provide site, relationship and age:  
 \_\_\_\_\_

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

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Patient is appropriate for further risk assessment and/or genetic testing

Information given to patient to review

Follow-up appointment scheduled on \_\_\_\_\_ (date)

Patient offered genetic testing:      Accepted      OR      Declined      HCP Signature: \_\_\_\_\_