# LISA LARKIN • MD

&

ASSOCIATES

## Assessment for Hereditary and Familial Cancer Risks

Patient Identifier: _____     Today's Date: _____

Date of Birth: _____

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I estimate that my lifetime risk for breast cancer is (circle):     Below average          Average          Above average

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This is a screening tool for cancer that runs in families. Please consider the following family members when completing the form:

1st Degree Relatives = Parents/Siblings/Children

2nd Degree Relatives = Aunt/Uncle/Grandparent/Grandchild/Niece/Nephew

3rd Degree Relatives = Cousin/Great-Grandparent/Great-Aunt/Great-Uncle)

Have YOU or ANY OF YOUR RELATIVES been tested (BRCA/Colaris) for a Hereditary Cancer Syndrome?     YES          NO

Have YOU ever been diagnosed with cancer?          What type:          Age:

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| | | BREAST & OVARIAN CANCER (HBOC/BRACAnalysis) | Self | Siblings or Children | Your Relationship to Family Member | | Age at Diagnosis | Living? |
|---|---|---|---|---|---|---|---|---|
| | | | | | Mother's Side | Father's Side | | |
| Ⓨ | N | **Example:** 2 or more relatives with breast cancer; one before age 50 | | | | Aunt-breast Sister-breast | | |
| Y | N | Have you or any family member had **breast cancer before age 50**? | | | | | | |
| Y | N | Have you or any family member had **ovarian cancer at any age**? | | | | | | |
| Y | N | Have **2 relatives** on the same side of your family had breast cancer – **1 at age 50 or younger**? | | | | | | |
| Y | N | Have **3 relatives** on the same side of your family had breast cancer at **any age**? | | | | | | |
| Y | N | Have you or someone in your family had **triple negative** breast cancer? | | | | | | |
| Y | N | Has any **male** in your family had breast cancer at **any age**? | | | | | | |
| Y | N | Are you of **Ashkenazi Jewish ancestry** with **family history of** breast, ovarian, or pancreatic cancer? | | | | | | |
| Y | N | Do you have a family member with a known **BRCA mutation**? | | | | | | |
| | | COLON & UTERINE CANCER (Lynch Syndrome*/Colaris) | Self | Siblings or Children | Your Relationship to Family Member | | Age at Diagnosis | Living? |
| | | | | | Mother's Side | Father's Side | | |
| Y | N | Have you or any family member had colon (colorectal) or uterine (endometrial) cancer **before age 50**? | | | | | | |
| Y | N | Have you or any family member had **breast cancer before age 50**? | | | | | | |

| Y | N | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Y | N | Do you have **2 or more** relatives on the same side of the family with any of the following – **1 at age 50 or younger? (circle):** *Colon, uterine, ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter, renal pelvis, pancreas* | | | | | | |
| Y | N | Do you have **3 or more** relatives on the same side of the family with any of the following **at any age? (circle):** *Colon, uterine,* ovarian, stomach, small bowel, brain, kidney/urinary tract, ureter, renal pelvis, pancreas | | | | | | |
| Y | N | Do you have a family member with a known **Lynch syndrome mutation**? | | | | | | |

## Lifetime Breast Cancer Risk Assessment Questionnaire

The following information will be needed to help assess your individual breast cancer risk at your follow-up appointment and may affect your individual breast surveillance and management. Please fill out as accurately as possible and bring back on your next visit.

| | | |
|---|---|---|
| **Age:** | **Race:** | **Mother's age (if living or age at death):** <br> *List age diagnosed with breast cancer too if applicable* |
| **Height:** | **Weight:** | **Total # of sisters:** <br> * List age diagnosed with breast cancer too if applicable |
| **Age at first period:** | **Age at delivery of 1st child:** | **Ages of sisters (if living or age at death):** <br> * List age diagnosed with breast cancer too if applicable |
| **Have you ever had a breast biopsy?** <br> Yes (circle)    No <br><br> Benign        Atypical Hyperplasia        Cancerous | | **Paternal grandmother's age (if living or age at death):** <br> * List age diagnosed with breast cancer too if applicable |
| **Personal history of Lobular Carcinoma in Situ (LCIS)?** <br><br> Yes             No | | **Maternal grandmother's age (if living or at death):** <br> * List age diagnosed with breast cancer too if applicable |
| **Circle your breast density:** <br><br> 1. Almost entirely fatty <br> 2. Scattered fibrograndular density <br> 3. Heterogeneously dense <br> 4. Extremely dense <br> 5. Unknown | | **Total # of paternal aunts (if living or ages at death):** <br> * List age diagnosed with breast cancer too if applicable <br><br> **Total # of daughters (if living or ages at death):** <br> * List age diagnosed with breast cancer too if applicable |
| **Are you:** (circle) <br>    Premenopausal <br>    Perimenopausal <br>    Postmenopausal | **Age at menopause:** | **Total # of cousins with breast cancer (if living or ages at death):** |
| **Do you use hormone replacement therapy?** <br> (including oral, vaginal, topical, oral contraception) <br> Yes            No <br><br> **If yes, circle one:** <br> 5 or more years ago        <5 years ago <br> Current (list how long you plan to be using) | | **Total # of nieces with breast cancer (if living or ages at death):** |
| | | **# of 1st degree relatives with breast cancer:** |
| | | **Ashkenazi Jewish Ancestry**        Yes        No |