

Risk Assessment for Familial Breast Cancer

Patient Name: _____ Date of Birth: _____

Weight (lbs): _____

Height (Feet/inches): _____

Are you (circle one):

Premenopausal Perimenopausal Postmenopausal

Age at Menopause (if applicable): _____

Age of first menstruation: _____

Age at delivery of first child (if applicable): _____

Hormone Replacement Therapy Current, Less than 5 years ago,
(circle all that apply): More than 5 years ago, Never
Estrogen only Total years used: _____
OR Future years of use: _____
Estrogen and Progesterone

Have you ever had a breast biopsy? Yes No

Please circle if any apply:
Hyperplasia
Atypical hyperplasia
LCIS – lobular carcinoma in situ
DCIS – ductal carcinoma in situ

Are you of Ashkenazi Jewish ancestry? Yes No

For ALL blood relatives listed (not related by marriage or adoption) please indicate if family member had multiple diagnoses of breast cancer OR previous genetic test results.

Relative	Current age (or age of death)	Breast cancer age of diagnosis (if applicable)	Ovarian cancer age of diagnosis (if applicable)
<i>EXAMPLE</i> Paternal Aunt 1	78	Age 45 and 60 (BRCA positive)	
Self			
Mother			
Sisters	Please provide information on all of your sisters. Also, note if a sister is related only through your mother or father (half-sister). If more room is needed, use the space provided at the bottom of the form.		
Sister 1			
Sister 2			
Sister 3			
Sister 4			
Daughters	Please provide information on all of your daughters. If more room is needed, use the space provided at the bottom of the form.		
Daughter 1			
Daughter 2			
Daughter 3			
Daughter 4			

Relative	Current age (or age of death)	Breast cancer age of diagnosis (if applicable)	Ovarian cancer age of diagnosis (if applicable)
Paternal Grandmother			
Paternal Aunts	Please provide information on all of your father's sisters. If more room is needed, use the space provided at the bottom of the form.		
Paternal Aunt 1			
Paternal Aunt 2			
Paternal Aunt 3			
Paternal Aunt 4			

Relative	Current age (or age of death)	Breast cancer age of diagnosis (if applicable)	Ovarian cancer age of diagnosis (if applicable)
Maternal Grandmother			
Maternal Aunts	Please provide information on all of your mother's sisters. If more room is needed, use the space provided at the bottom of the form.		
Maternal Aunt 1			
Maternal Aunt 2			
Maternal Aunt 3			
Maternal Aunt 4			

Please list any female cousins that have had breast cancer and their age of diagnosis. Also, include information on how they are related to you. Do not list all cousins, only those affected with breast cancer. (Example: Cousin – Breast cancer at age 67, daughter of father's brother)

Please list any nieces that have had breast cancer and their age of diagnosis. Also, include information on how they are related to you. Do not list all nieces, only those affected with breast cancer. (Example: Niece – Breast cancer at age 55, daughter of Sister 1)

Please list any other sisters, daughters, paternal or maternal aunts that were not noted above. Include their current age (or age of death), as well as any breast or ovarian cancer diagnosis and their age of diagnosis.

Patient's Signature: _____

Date: _____