Breast Center

at St. Mary's Medical Center

1. Is this your first mammogram?	Yes	No
2. Are you pregnant?	Yes	No
3. Age when you started your first period?	____	
4. Age at menopause?	____	
5. Date of your last menstrual period?	____	
6. Number of pregnancies?	____	
7. Number of live births?	____	
8. Age at First pregnancy?	____	
9. Are you of Jewish decent?	Yes	No

Please answer ONLY "YES" or "NO" to the following questions. If the answer is YES, the technologist will follow up with additional questions during your mammogram.

1. Have you ever had reproductive surgery? (example: Hysterectomy or your ovaries removed)	Yes	No
2. Have you ever had any surgeries/procedures done on your breast?	Yes	No
3. Have you ever taken oral contraceptives?	Yes	No
4. Have you ever taken any type of Hormones?	Yes	No
5. Have you ever had any type of therapy? (ex: Chemotherapy, Radiation Therapy,Tamoxifen, ect.)	Yes	No

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

Patient Name: _____ Physician: _____

Date of Birth: _____ Today's Date: _____

This is a screening tool for cancers that run in families. Please consider BLOOD family members only when completing:

1st Degree Relatives: Mother, Father, Sister, Brother, Children

2nd Degree Relatives: Aunt, Uncle, Grandparent, Niece, Nephew

3rd Degree Relatives: Cousin, Great Grandparent

Have you or any of your relatives been tested for hereditary cancer (BRAC/Colaris) in the past? YES NO

		COLON AND UTERINE CANCER (Lynch Syndrome/Colaris)	SELF	YOUR RELATIONSHIP TO FAMILY MEMBER w/ CANCER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	***N***	***EXAMPLE: Two or more relatives with a Lynch syndrome cancer; one under age 50***			***Aunt-colon Sister-uterine***	***47 yrs 60 yrs***
Y	N	Have **YOU** been diagnosed with uterine (endometrial) or colorectal cancer before age 50				
Y	N	Two or more relatives on the same side of the family w/ any of the following, one diagnosed before 50 **(please circle):** *colon, uterine/endometrial, ovarian, stomach, pancreas, brain, kidney/urinary tract*				
Y	N	Three or more relatives on the same side of the family w/ any of the following diagnosed at any age **(please circle):** *colon, uterine/endometrial, ovarian, stomach, pancreas, brain, kidney/urinary tract*				
Y	N	Family member has a known Lynch syndrome mutation				

		BREAST AND OVARIAN CANCER (HBOC/BRACAnalysis)	SELF	YOUR RELATIONSHIP TO FAMILY MEMBER w/ CANCER		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 diagnosed under the age of 50				
Y	N	Three relatives on the same side of the family with breast cancer at any age				
Y	N	Multiple breast cancers in the same person (in the same breast or in both breasts)				
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	Triple Negative breast cancer under age 60 (ER, PR and Her2 negative receptor status)				
Y	N	A family member with a known BRCA mutation				

Is there any other cancer in you or any family members not listed above? (Provide cancer site, relationship, & age):

_____

Patient's signature: _____ **Date:** _____

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€ Information given to patient for review Follow-up appointment scheduled on: _____

€ Patient offered genetic testing: Accepted OR Declined HCP Signature:_____

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