

Polyclinic Risk Assessment for Hereditary Cancer*

polyclinic.com/hereditary-cancer-risk-clinic

The Hereditary Cancer Risk Clinic identifies and manages patients and their family members who may be at high genetic risk for breast, ovarian, uterine, pancreatic, and other cancers. If you answer “Yes” to any of the following questions, you may benefit from genetic testing and further evaluation. Please call **206-860-5586** to make an appointment.

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

1. Y or N Personal or family history of breast or ovarian cancer? If Y, then please answer the following:

Note: one recent guideline recommends consideration of genetic testing for all women with breast cancer diagnosis

- Y or N** Has any relative (including yourself) been diagnosed with breast cancer at age 45 or younger?
- Y or N** Do you have any relatives (including yourself) diagnosed with 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 more than once with the first diagnosis at age 50 or younger?
- Y or N** Has any male relative had breast cancer?
- Y or N** Does anyone in your family have a known cancer gene mutation?

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** Has any first degree relative, parents and siblings, (including yourself) been diagnosed with colon cancer younger than 50?
- Y or N** Has any first degree relative, parents and siblings, (including yourself) been diagnosed with uterine cancer younger than 50?
- 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 intestinal or brain?
- Y or N** Have you had 2 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 3 first degree relatives on the same side of the family (including yourself) diagnosed with colon or uterine cancer?
- Y or N** Has any relative (including yourself) been diagnosed with 10 or more colon polyps?
- Y or N** Does anyone in your family have a known mutation that affects colon or uterine cancer risk?

3. Y or N Do you have Ashkenazi Jewish ancestry and any of the above cancers?

4. Y or N Personal or family history of pancreatic or fast growing prostate cancer with other pancreatic, prostate, breast or ovarian cancers in your family?

5. Y or N Personal or family history of metastatic prostate cancer, metastatic breast cancer or pancreatic cancer?

* This list may not contain all cancers associated with hereditary cancer risk, so if you have a strong family history of cancer not otherwise mentioned above, you may wish to have an assessment.

For Office Use Only:

Patient tested in clinic? Yes

No

Declined

Not indicated

Hereditary Cancer Risk Clinic **206-860-5586**

Provider Signature: _____