

Please answer the following questions to the best of your ability to assist us in developing a personalized management plan for your long-term healthcare.

Name: _____ Age: _____ Date: _____

I HAVE HAD CANCER GENETIC TESTING:

- Yes YEAR ____: Positive, Gene: _____ Negative
 No

1) Have YOU had any of the following (check all that apply):

- Ovarian cancer
- Breast cancer
- Metastatic prostate cancer
- Pancreatic cancer
- Endometrial (uterine) cancer diagnosed before the age of 65
- Colon cancer diagnosed before the age of 65
- 20 or more colon polyps
- A relative with a positive genetic test result

2) Has your family had cancer? (Consider – both Mother and Father’s side equally) Parent, Child, Grandparent, Sibling / Half Sibling, Grandchild, Niece / Nephew, Aunt / Uncle, Great Aunt / Great Uncle, First Cousins.

(Check all that apply):

- Ovarian cancer
- Breast cancer diagnosed before the age of 50
- Pancreatic Cancer
- Metastatic prostate cancer
- Male breast cancer
- Two breast cancers at the same time or at different times
- Ashkenazi Jewish ancestry with breast, ovarian and / or pancreatic cancer
- Endometrial (uterine) cancer diagnosed before the age of 50
- Colon cancer diagnosed before the age of 50
- Combination of 3 or more of these cancers (Colon/ Endometrial (uterine)/ Ovarian/ Gastric/ Kidney/Small Bowl) on the same side of the family

Are you a Medicare ONLY Patient No Yes

Patient Signature: _____ Date: _____

Office Use Only				
Patient offered hereditary cancer genetic testing?	YES	NO	ACCEPTED	DECLINED
If Yes, which test?	BRACAnalysis® with Myriad myRisk®		Multisite 3 BRACAnalysis REFLEX to BRACAnalysis with Myriad myRisk	
	COLARIS®PLUS with Myriad myRisk	COLARIS AP®PLUS with Myriad myRisk	Single Site Testing	
	Myriad myRisk Update Other: _____			
Follow-up appointment scheduled:	YES	NO	Date of Next Appointment: _____	
If patient has Breast Cancer and has Medicare please document Her2 status. <input type="checkbox"/> Her2- <input type="checkbox"/> Her2+ <input type="checkbox"/> n/a				