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Patient Name: _____ Date of Birth: _____ Age: _____
Today's Date: _____ Health Care Provider: _____

Instructions: This is a screening tool for cancers that run in families. Please mark Y for those that apply to YOU and/or YOUR BIOLOGICAL FAMILY (on both your mother's/maternal or father's/paternal side). Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family. You and the following close blood family members should be considered:

- First-degree relatives: Mother, father, full siblings, or children
- Second-degree relatives: Grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings
- Third degree relatives: First-cousins, great grandparents, great grandchildren, great aunts/uncles

YOUR FAMILY'S Cancer History (Please be thorough and accurate)

	CANCER	YOU (age)	PARENTS / SIBLINGS / CHILDREN	AGE	MOTHER'S SIDE	AGE	FATHER'S SIDE	AGE
<input type="checkbox"/> Y <input type="checkbox"/> N	EXAMPLE: BREAST CANCER		Sister	41	Aunt Cousin	45 61	Grandmother	53
<input type="checkbox"/> Y <input type="checkbox"/> N	BREAST CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	OVARIAN CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	UTERINE/ENDOMETRIAL CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	COLON/RECTAL CANCER							
<input type="checkbox"/> Y <input type="checkbox"/> N	OTHER CANCER(S) (SPECIFY):							

Y N Are you of Jewish descent?

Y N Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? If yes, please explain and include a copy of the result.

Testing Criteria (Check all that apply to you or your family)

Hereditary Breast and Ovarian Cancer Syndrome

- Breast cancer diagnosed at or under age 45*
- Ovarian cancer at any age*
- Two primary breast cancers in the same person with one diagnosed at or under age 50*
- Two relatives on the same side of the family with breast cancer, one diagnosed at or under age 50
- Three relatives on the same side of the family with breast and/or ovarian cancer at any age
- Triple negative breast cancer at or under the age of 60 (receptor status negative for ER, PR and HER2)
- Male breast cancer
- Three or more relatives on the same side of the family with any of the following cancers: breast, ovarian, pancreatic, prostate
- Ashkenazi Jewish ancestry with an HBOC-associated cancer**

Lynch Syndrome

- A personal history of colon/rectal cancer or endometrial cancer diagnosed at or under age 50
- A personal history of two or more Lynch syndrome cancers***
- Two or more relatives with a Lynch syndrome cancer***, one before the age of 50
- Three or more relatives with a Lynch syndrome cancer*** at any age
- A previously identified BRCA1 or BRCA2 mutation, or Lynch syndrome mutation in the family

* In self, first or second degree family members

** HBOC associated cancer includes: Breast, ovarian, and pancreatic cancer

*** Lynch-associated cancers include: colon, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain and sebaceous adenomas.

Cancer Risk Assessment Review and Counseling

Patient's Signature: _____ Date: _____

Health Care Provider's Signature: _____ Date: _____

For Office Use Only:

Follow-up appointment scheduled: YES NO Date of Appointment: _____

Patient offered hereditary cancer genetic testing? YES NO ACCEPTED DECLINED