

## Cancer Genetics Risk Assessment Program

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This screening tool is designed to identify individuals at increased risk for familial cancer. After completing this form, show it to your doctor to discuss the need for further evaluation with a genetic counselor.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

*Please list all family members who have been diagnosed with cancer. State the type of cancer, age diagnosed, and if the cancer was bilateral (on both sides).*

	Cancer type(s)	Age detected	Bilateral? (Y or N)
Yourself			
Mother			
Father			
Sister			
Brother			
Daughter			
Son			
<i>Mother's side</i>			
Grandmother			
Grandfather			
Aunt			
Uncle			
Cousin			
<i>Father's side</i>			
Grandmother			
Grandfather			
Aunt			
Uncle			
Cousin			
Others			

Please list your religious and ethnic backgrounds: \_\_\_\_\_  
(over)

**Features of familial or inherited breast cancer:**

- 1) Breast cancer at 40 or younger
- 2) Breast cancer <50 with another family member diagnosed <50
- 3) Three or more family members with breast cancer at any age
- 4) Bilateral breast cancer
- 5) Breast cancer <50 and a family member with ovarian cancer at any age
- 6) Individual with multiple primary tumors
- 7) Ashkenazi Jewish ancestry

*\*If you have one or more of these features, you may benefit from a more formal evaluation in our Cancer Genetics Risk Assessment Program.*