



PLEASE FILL OUT AND BRING WITH YOU TO YOUR APPOINTMENT

Name: _____ Date of Birth _____ Age _____

Breast Cancer Risk Assessment Questionnaire

Do NOT complete if you have a personal history of breast cancer

An assessment can be performed to determine lifetime risk of developing breast cancer. You may qualify for genetic testing based on your responses to these questions.

- 1. What was your age at the time of your first menstrual period? _____ years
- 2. Height _____ feet/inches Weight _____ lbs
- 3. At what age did you have your first child?
 - Unknown No Births Age in years _____
- 4. Menopausal status?
 - Pre-menopausal Peri-menopausal Post-menopausal (at what age?) _____
- 5. Have you ever been diagnosed with the following? Check all that apply
 - No Prior Biopsy
 - Prior Biopsy, result unknown
 - Hyperplasia (not atypia)
 - Atypical hyperplasia
 - LCIS (Lobular Carcinoma in Situ)
- 6. Have you ever used Hormone Replacement Therapy (HRT)?
 - No
 - Yes (Circle one) → Estrogen Only OR Combined Estrogen-Progesterone

How many years did you use HRT? _____ years

When did you last use HRT? _____

If current user, intended length of future use? _____
- 7. Are you of Ashkenazi Jewish (Eastern European) descent?
 - No Yes Unknown
- 8. Have you or anyone in your family had genetic testing for hereditary cancer? (e.g. BRCA 1or 2)
 - No
 - If Yes:

Relative (or Self)	Type of Test	Result if known

SEE OTHER SIDE →



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Risk Assessment: **FAMILY HISTORY** - Please fill in *current age* column even if that family member does not have a personal history of cancer. This information is factored into your risk calculation.

RELATIVE	*CURRENT AGE* (or age at death)	BREAST CANCER DIAGNOSIS & age when diagnosed (estimated)	OVARIAN CANCER DIAGNOSIS & Age when diagnosed (estimated)
SELF			
Mother			
Sister(s) # of sisters _____			
Grandmother - Father's side			
Grandmother -Mother's side			
Aunt(s) - Father's side # of Aunts _____			
Aunt(s) - Mother's side # of Aunts _____			
Daughter(s) # of Daughters _____			
Other Relatives who have been diagnosed with breast or ovarian cancer (Please specify)			

Signature

Date

Legal Authorized Representative