

Patient Name: _____

This is a screening tool to help your healthcare provider determine if you would benefit from hereditary cancer genetic testing. Please fill this form out to the best of your ability. Check all that apply. Please only consider first, second and third degree family members related to you by blood.

- **1st degree relatives:** parents, brothers, sisters, and children;
- **2nd degree relatives:** grandparents, aunts, uncles, nieces, nephews, grandchildren, and half-siblings;
- **3rd degree relatives:** great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins.

Type of Cancer	Myself & 1st degree relatives and age at diagnosis (estimate ok)	2nd & 3rd degree relatives Mother's side and age at diagnosis (estimate ok)	2nd & 3rd degree relatives Father's side and age at diagnosis (estimate ok)
Example: Colorectal cancer	Father: 55 Myself: 41	Aunt: 56 Grandfather: 45	Half brother: approx 50
Bladder Cancer			
Breast Cancer (male or female)			
Colorectal Cancer			
Colorectal polyps	#_____	#_____	#_____
Endocrine Cancer (parathyroid/pituitary, etc)			
Kidney/Renal Cancer			
Melanoma			
Ovarian Cancer (fallopian tube and peritoneal)			
Pancreatic Cancer			
Prostate Cancer			
Stomach/Gastric Cancer			
Uterine/Endometrial Cancer			
Other Cancer:_____			

My family is of Ashkenazi Jewish descent

I or someone in my family has had testing for a hereditary cancer syndrome. Please describe below and provide a copy of the results:

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Completing this form does not guarantee that your insurance will cover the cost of testing (partially or in full). It's important to note that genetic testing for hereditary cancer syndromes does not diagnose cancer or determine if you will develop cancer in your lifetime.