PRIVIA MEDICAL GROUP

Winchester Obstetrics and Gynecology

IF YOU HAVE FILLED THIS OUT WITHIN THE LAST 12 MONTHS AND HAVE NO NEW CANCERS TO REPORT CHECK HERE AND STOP FILLING OUT FORM:

Patient Name:_________________Date
Birth __________________Date:__________________Provider name:_______________

This is a screening tool for cancers that run in families. Answer **YES or NO**. If any YES please **LIST** relatives with cancer diagnoses on your **MOTHER's (M) and FATHER's (P) Side** for these relatives only: **Parents, Siblings, Children, Aunts/Uncles, Grandparents, Nieces/Nephew**

Please circle YES or NO			**Specify Relative(s) or Self**	**Specify Cancer**	**Age of Diagnosis**
Y	N	BREAST Cancer under age 50			
Y	N	OVARIAN Cancer at any age			
Y	N	Three BREAST Cancers on the same side of family (any age)			
Y	N	Two BREAST Cancers in one person			
Y	N	Male Breast Cancer			
Y	N	Colon or ENDOMETRIAL Cancer in YOURSELF under age 50			
Y	N	Three or more of the following Cancers on the same side of the family: COLON / ENDOMETRIAL / OVARIAN / GASTRIC			
Y	N	Ashkenazi Jewish ancestry with one BREAST, OVARIAN or PANCREATIC Cancer at any age			

FOR OFFICE USE ONLY

☐ Patient is NOT appropriate for testing
☐ Patient is appropriate for testing
☐ Patient offered genetic testing: Accepted OR Declined
HCP Signature: ______________________________