

Family Cancer History Worksheet
Genetic Risk Assessment

Name: _____ DOB: _____ Date Completed: _____

Address: _____ Phone Number: _____

Please fill in the age column where appropriate, and check any box that applies to you or your family member.

	Age Cancer Diagnosed	Colon Cancer	Breast Cancer	Ovarian Cancer	Uterine Cancer	Other Cancer
<i>Example</i>	43		√			
You						
Mother						
Father						
Brother(s)						
Sister(s)						
Children						
Grandparents Mother's side						
Grandparents Father's side						
Aunts or uncles Mother's side						
Aunts or Uncles Father's side						
First Cousins						

- Were you or any family members younger than 50 when diagnosed with cancer?
- Do you have multiple family members with the same cancer?
- Is the cancer in your family on the same side and within consecutive generations?

If you answered yes to any of these questions, you may benefit from a cancer genetic risk assessment to learn more about hereditary cancer and genetic testing options. (See the other side of this form for more information.)

I am interested in a risk assessment for inherited cancer with a Dynagene/LabCorp genetic counselor.

Signature _____ Date _____

Referring Provider office use only		
<input type="checkbox"/>	Refer for Hereditary Cancer Risk Genetic Counseling at Dynagene/LabCorp Fax order form to 713-798-9595 or call to schedule an appointment 713-798-9500	
<input type="checkbox"/>	Refer for Hereditary Cancer Genetic Testing (Circle One)	
	Inherited Mutation Analysis: BRCA	MLH1/MSH2/MSH6 APC
	Other: _____	
Physician's signature: _____		Date: _____