



BREAST CANCER GENETIC VARIANT RISK ASSESSMENT

Date: _____

Name: _____ DOB: _____

Height: ___ ft ___ inches Weight: _____ lbs

Age at first menstrual period: _____ Last period: _____ If menopausal, age at menopause: _____

Have you ever had a baby? _____ If yes, age at first childbirth _____

Ever taken hormone replacement therapy(estrogen)- _____ if yes, how many years

If currently taking how many more years do you plan to take it _____

Have you ever had a breast biopsy? _____ Ever had genetic testing for breast cancer? _____

How many sisters? ___ brothers? ___ daughters ___ sons _____

maternal aunts (mother’s sisters)? _____ paternal aunts (father’s sisters) ? _____

Any Jewish heritage? _____ Any males with breast cancer in your family? _____

Any of the following cancers in your family?

	Mother	Sister	Daughter	Aunt	Grandmother	Other
Breast< 50y /o						
Breast >50 y/o						
Ovarian						
Colon						
Uterine						
Pancreatic						
Melanoma						
Other cancer						
Colon polyps						
Abnormal gene						

Office use only:

10 year risk: _____

Lifetime risk: _____