Myriad myRisk® Hereditary Cancer Testing
Cancer Family History Questionnaire

PERSONAL INFORMATION			
Patient Name		Date of Birth	Age
Gender (M/F)	Today's Date (MM/DD/YYYY)	Health Care Provider	

Instructions: This is a screening tool to determine if Myriad myRisk® Hereditary Cancer testing is right for you. Please mark (Y) for those that apply to YOU and/or YOUR FAMILY. Next to each statement, please list the relationship(s) to you and age of diagnosis for each cancer in your family.

You and the following close blood relatives should be considered: *You, Parents, Brothers, Sisters, Sons, Daughters, Grandparents, Grandchildren, Aunts, Uncles, Nephews, Nieces, Half-Siblings, First-Cousins, Great-Grandparents and Great-Grandchildren*

Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of hereditary breast and ovarian cancer syndrome and Lynch syndrome. Share this information with your healthcare professional to help determine if Myriad myRisk® Hereditary Cancer testing is right for you.

	COLON AND ENDOMETRIAL CANCER	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
☐ Y ☐ N	Colon/rectal cancer before age 50			
☐ Y ☐ N	Endometrial (*uterine*) cancer before age 50			
☐ Y ☐ N	Two or more Lynch syndrome cancers* in the same person or on the same side of the family (*one diagnosed before age 50*)			
☐ Y ☐ N	Three or more Lynch syndrome cancers* on the same side of the family (*at any age*)			

(*Lynch syndrome cancers: colon/rectal, endometrial/uterine, ovarian, stomach, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, or sebaceous adenomas)

	BREAST AND OVARIAN CANCER	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
☐ Y ☐ N	Breast cancer at age 50 or younger			
☐ Y ☐ N	Ovarian *(peritoneal/fallopian tube)* cancer at any age			
☐ Y ☐ N	Metastatic prostate cancer at any age			
☐ Y ☐ N	Two or more primary *(unrelated)* breast cancers in the same person or on the same side of the family			
☐ Y ☐ N	Male breast cancer at any age			
☐ Y ☐ N	Triple negative breast cancer *(ER-, PR-, HER2- pathology)*			
☐ Y ☐ N	Three or more HBOC-associated cancers at any age in the same person or on the same side of the family (HBOC-associated cancers include breast [including DCIS], ovarian, pancreatic, and aggressive prostate cancer**)			Gleason Score(s):
☐ Y ☐ N	Pancreatic cancer AND one relative with breast cancer under 50, ovarian cancer, or pancreatic cancer			
☐ Y ☐ N	Prostate cancer with a Gleason score of 7 or higher AND one or more relatives with breast cancer under 50 or ovarian cancer at any age			Age(s): Gleason Score(s):
☐ Y ☐ N	Prostate cancer with a Gleason score of 7 or higher AND two or more relatives on the same side of the family with breast, pancreatic, or prostate (Gleason score 7 or higher) cancer at any age			Age(s): Gleason Score(s):
☐ Y ☐ N	Ashkenazi Jewish ancestry with breast or pancreatic cancer at any age			

(** Gleason Score 7 or higher or metastatic)

☐ Y ☐ N	Your or someone in your family has had genetic testing for a hereditary cancer syndrome			

CANCER RISK ASSESSMENT REVIEW (To be completed after discussion with your healthcare provider)	
Patient's Signature	Date
Health Care Provider's Signature	Date

Office Use Only

☐ Candidate for further risk assessment and/or Myriad myRisk® testing

☐ Patient offered Myriad myRisk® testing: O ACCEPTED O DECLINED

☐ Information given to patient to review

☐ Follow-up appointment date: _____

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