



PLEASE FILL OUT AND BRING WITH YOU TO YOUR APPOINTMENT

Name: _____ Date of Birth _____ Age _____

Breast Cancer Risk Assessment Questionnaire

Do NOT complete if you have a personal history of breast cancer.

An assessment can be performed to determine lifetime risk of developing breast cancer. You may qualify for genetic testing based on your responses to these questions.

- 1. What was your age at the time of your first menstrual period? _____ years
- 2. Height _____ feet/inches Weight _____ lbs
- 3. At what age did you have your first child?
 Unknown No Births Age in years _____
- 4. Select one of the following for yourself:
 Pre-menopausal Peri-menopausal Post-menopausal (at what age?) _____
- 5. Have you ever been diagnosed with the following? Check all that apply
 No Prior Biopsy
 Prior Biopsy, result unknown
 Hyperplasia (not atypia)
 Atypical hyperplasia
 LCIS (Lobular Carcinoma in Situ)
- 6. Have you ever used Hormone Replacement Therapy (HRT)?
 No
 Yes (Circle one) → Estrogen Only OR Combined Estrogen-Progesterone

 How many years did you use HRT? _____ years

 When did you last use HRT? _____

 If current user, intended length of future use? _____
- 7. Are you of Ashkenazi Jewish (Eastern European) descent?
 No Yes Unknown

8. Have you or anyone in your family had genetic testing for hereditary cancer? (e.g. BRCA 1or 2)

No
If Yes:

Relative (or Self)	Type of Test	Result if known

SEE OTHER SIDE→



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Name: _____

Risk Assessment Continued- FAMILY HISTORY

Please fill in as completely as possible

Relative	CURRENT AGE (or age at death)	BREAST CANCER (check if YES)	Estimated age when diagnosed		OVARIAN CANCER (Check if YES)	Estimated age when diagnosed
SELF						
Mother						
Sister(s)						
Paternal Grandmother						
Maternal Grandmother						
Paternal Aunt(s)						
Maternal Aunt(s)						
Daughter(s)						
Father						
Brother						
Other Relatives (please specify)						

Signature

Date

Legal Authorized Representative