HBOC Risk Assessment Questionnaire

Patient Name:_____ DOB:_____

1. Have you or anyone in your family been diagnosed with Breast Cancer? **Yes** **No**

If Yes, to the above question:

☐ Myself	Age at Diagnosis _____		
☐ Sister(s)	Ages at Diagnosis _____		
☐ Mother	Age at Diagnosis _____		
☐ Daughter	Age at Diagnosis _____		
☐ Grandmother	Age at Diagnosis _____	Mother's Side ☐	Father's Side ☐
☐ Aunt	Age at Diagnosis _____	Mother's Side ☐	Father's Side ☐
☐ Niece	Age at Diagnosis _____	Mother's Side ☐	Father's Side ☐
☐ Cousin	Age at Diagnosis _____	Mother's Side ☐	Father's Side ☐

2. Have you or anyone in your family been diagnosed with Breast Cancer in <u>both</u> breasts OR <u>twice</u> in one breast? **Yes** **No**

If Yes, to the above question:

☐ Myself		
☐ Sister		
☐ Mother		
☐ Daughter		
☐ Grandmother	Mother's Side ☐	Father's Side ☐
☐ Aunt	Mother's Side ☐	Father's Side ☐
☐ Niece	Mother's Side ☐	Father's Side ☐
☐ Cousin	Mother's Side ☐	Father's Side ☐

3. Has anyone in your family been diagnosed with male breast cancer? **Yes** **No**

If Yes, to the above question:

☐ Brother		
☐ Father		
☐ Son		
☐ Grandfather	Mother's Side ☐	Father's Side ☐
☐ Uncle	Mother's Side ☐	Father's Side ☐
☐ Nephew	Mother's Side ☐	Father's Side ☐
☐ Cousin	Mother's Side ☐	Father's Side ☐

4. Have you or anyone in your family been diagnosed with Ovarian Cancer? **Yes** **No**

If Yes, to the above question:

☐ Myself		
☐ Sister		
☐ Mother		
☐ Daughter		
☐ Grandmother	Mother's Side ☐	Father's Side ☐
☐ Aunt	Mother's Side ☐	Father's Side ☐
☐ Niece	Mother's Side ☐	Father's Side ☐
☐ Cousin	Mother's Side ☐	Father's Side ☐

5. Are you of Ashkenazi (Eastern European) Jewish descent? **Yes** **No**

We ask this question because this group is at high hereditary risk

6. Are there any other types of cancer in your family? **Yes** **No**

If Yes,

Type(s) of Cancer _____ Relationship to you: _____

7. Have you (or someone in your family) been tested for hereditary risk of cancer? **Yes** **No**

If yes,

Relationship to you: _____Results_____

8. How many of the following family members do you have?

Sisters _____ Daughters _____ Maternal Aunts _____ Paternal Aunts _____