

GC Consult needed: _____	Info packet given: _____
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Patient Name: _____ DOB: _____ Referring Physician: _____

Today's Date: _____ Best Phone # _____

Have you had Genetic Testing? NO / YES If yes when? _____

PART 1 – Have YOU been diagnosed with BREAST or OVARIAN cancer?

- YES – Breast Cancer or Ovarian Cancer?** _____ **Age at Diagnosis?** _____
 NO – Please Skip to PART 2 (below)

PERSONAL CANCER HISTORY			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	Have YOU had Breast cancer diagnosed at age 50 or younger?				
Y	N	Have YOU been diagnosed with "Triple Negative" Breast Cancer (ER-, PR-, HER2-) at age 60 or younger?				
Y	N	Have YOU been diagnosed with Ovarian cancer at any age?				

PART 2 – Do you have a FAMILY HISTORY of breast, ovarian, or pancreatic cancer? YES NO

NOTE: Consider BOTH your mother's side and father's side of the family.

This includes: mother, father, sisters, brothers, children, aunts, uncles, grandparents, nieces, and nephews.

FAMILY CANCER HISTORY			SELF	FAMILY MEMBER		AGE AT DIAGNOSIS
				MOTHER'S SIDE	FATHER'S SIDE	
Y	N	A family history of ovarian cancer at any age?				
Y	N	A family history of MALE breast cancers at any age?				
Y	N	A family history of breast cancer at age 45 or younger?				
Y	N	A family history of two breast cancers on the same side of the family one of which was diagnosed at age 50 or younger?				
Y	N	A family history with 3 or more breast cancers on the same side of the family diagnosed at any age? (This could include the patient)				
Y	N	A family history of 3 or more breast, ovarian, or pancreatic cancers on the same side of the family diagnosed at any age? (This could include the patient)				
Y	N	A family history of Triple Negative breast cancer (ER-, PR-, HER2-) at age 60 or younger?				
Y	N	Ashkenazi Jewish ancestry with at least one person in the family with breast, ovarian or pancreatic cancer at any age?				

Patient Signature: _____

FOR OFFICE USE ONLY:

- Patient does not require GC Consult
 Patient viewed Video and Declines GC Consult – Reason: _____
 Patient viewed Video and Accepts GC Consult

Technologist Initials: _____