Logo, company name

Description automatically generated

Name:

Risk Assessment Tool for Breast Cancer

The purpose of this survey is to find out your lifetime risk of having breast cancer. Patients with a lifetime risk greater than 20% should be screened annually with screening breast MRI. Please do not fill outthis form if you have already had breast cancer.

Current Age: Weight: lbs

1. How old were you when you had your first menstrual period?
2. Have you given birth to one or more children? No Yes
   1. If yes, how old were you when you delivered your FIRST live birth?
3. Have you finished menopause?

No Yes In Menopause Now

* 1. If yes, what age was menopause?

1. Hormone Replacement Therapy (HRT) Usage?

Never Stopped 5 or more years ago Stopped within 5 years Current User

If you have ever used HRT, please answer the following questions. If not, please skip to question 5.

* 1. Was your HRT Estrogen only or a combined treatment?

Unknown Estrogen Only Combined

* 1. Length (in years) of HRT use?

Unknown 5 years

1 year 2 years 3 years 4 years

6 years More than 6 years

* 1. If you are NOT a current user, when did you last use HRT?

Unknown

O years 1 year 2 years 3 years 4 years

5 years

1. BRCA Gene: Do you have a mutation in either the BRCA1 or BRCA2 gene? Unknown Tested Normal BRCA1+ BRCA2+
2. Have you had OVARIAN cancer?

No Yes

* 1. If yes, at what age were you diagnosed?

1. Have you had a breast biopsy? No prior biopsy/ or benign biopsy Prior biopsy, result unknown Hyperplasia (not atypia)

Atypical Hyperplasia

Lobular Carcinoma in Situ (LCIS)

**Family History:**

Family history is an important factor in determining risk, especially if there is a history of breast or ovarian cancer in the woman's family.

Ashkenazi Inheritance? No Yes

**Have any of the following family members had breast or ovarian cancer? If yes, please list the current age {or age of death), type of cancer, and their BRCA gene status.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Member** | **Age of Diagnosis** | **Current Age or Age of Death** | **Type of Cancer** | **BRCA Status** |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Sister |  |  |  |  |
| Daughter |  |  |  |  |
| Brother |  |  |  |  |
| Maternal Grandmother |  |  |  |  |
| Paternal Grandmother |  |  |  |  |
| Maternal Aunt |  |  |  |  |
| Paternal Aunt |  |  |  |  |
| Maternal Half Sister |  |  |  |  |
| Paternal Half Sister |  |  |  |  |
| Maternal Uncle's Daughter |  |  |  |  |
| Paternal Uncle's Daughter |  |  |  |  |