Risk Assessment Form

Good Samaritan High Risk Breast Cancer Program

Good Samaritan Hospital
Premier Health Partners

Name: ______________________ DOB: ______________ Gender: ☐M ☐F
Home phone: __________ Work phone: __________ Cell phone: ____________
Address: _____________________ City/State: ______________ Zip Code: ________
Race: _________________ Religion: ____________ Insurer: _________________

Have you ever been diagnosed with breast cancer? ☐ Yes ☐ No
Age at first diagnosis__________ Age at 2nd diagnosis________
☐ One Breast affected? ☐ Two Breasts affected?

Was your tumor (+) or (-) for: ☐ *ER* ☐ *PR* ☐ *Her-2 Neu* ☐ Don't know

Age at 1st menstruation_________ Age for 1st child ?_____
Total number of breast biopsies_____

Ever take Oral contraceptives? ☐ Yes ☐ No # Years ____
Ever take Hormone replacement medicines? ☐ Yes ☐ No # Years ____
Have you had a hysterectomy? ☐ Yes ☐ No Age ____
Have you had your ovaries removed? ☐ Yes ☐ No Age ____

Have you ever had a breast biopsy showing:
Atypical ductal hyperplasia (ADH)? ☐ Don't know ☐ Yes ☐ No
Lobular carcinoma in situ (LCIS)? ☐ Don't know ☐ Yes ☐ No

Have you ever been diagnosed with:
Ovarian cancer? Age diagnosed?_____ ☐ Yes ☐ No
Hodgkins disease? Age diagnosed?_____ ☐ Yes ☐ No
Other cancer? ☐ Yes ☐ No
Cancer______________ Age diagnosed?_____
Cancer______________ Age diagnosed?_____

Have you ever had radiation therapy to the chest? Age?___________

Have you ever had genetic testing? ☐ Yes ☐ No
If YES, was a mutation or uncertain variant found? ☐ Yes ☐ No
Which gene? Which mutation? _______________
Have any of your relatives had genetic testing? Which relative?____________ ☐ Yes ☐ No
If YES, was a mutation or uncertain variant found? ☐ Yes ☐ No
Which gene? Which mutation? _______________

Do you have a family history of breast or ovarian cancer? *List affected relatives.* ☐ Yes ☐ No

Affected Relative (e.g., dad's sister)	Cancer type	Age diagnosed

Do you have a family history of other cancers? ☐ Yes ☐ No *List affected relatives.*

Affected Relative (e.g. mom's brother)	Cancer type	Age diagnosed

Mail completed assessment to: Faith Callif-Daley, Genetic Counselor
Samaritan Cancer Center, 9000 N. Main St. , Dayton, Ohio 45415