HARTFORD HOSPITAL
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037

2000

Helen & Harry Gray Cancer Center Genetic Counseling Services

Hereditary Cancer Risk Assessment

Provider Referral Fax Notification Form

Please fill out the patient's information and fax to:

Genetic Counseling Services **Tel # (860) 545-6006** **FAX: (860) 545-4002**

The Helen & Harry Gray Cancer Center Genetic Counselor, is offering genetic counseling for patients interested in his/her own personal risk of hereditary cancer. Please see reverse side of this form.

Patient Release: I authorize my physician to share this information with a local "High Risk Assessment Program" and in turn, if necessary, to be contacted by this program for additional management.

Patient Signature: _____ Date/Time:_____

The following patient is interested in receiving more information about hereditary cancer:

Patient Name:_____

Address:_____

Daytime Phone:_____

Evening Phone:_____

*****Please fax copy of front and back of insurance card**

Referring Physician: _____ **Phone#:** _____

Perform the following test(s) as appropriate after genetic counseling:

❒ **BRACAnalysis**
❒ **Colaris**
❒ **Other:** _____

Referring Physician Signature: _____ **Date/Time:** _____

If you have any questions please call: The Genetic Counselor (860) 545-6006

******Please fill out front and back of this referral form, copy of insurance card and fax to the Helen & Harry Gray Cancer Center Genetic Counseling Services (860) 545-4002.**

Please call (860) 545-6006 to confirm whether fax has been received. Thank you.

Is surgery dependent on results of this test? ❒ **Yes** ❒ **No**

If no, patient will be contacted within one week to schedule an appointment.

❒ Patient called Both Appointment Dates/Times: _____

Person making appointment: _____

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WHY TAKE THE HEREDITARY CANCER TEST?

If you or one of your close relatives have ever had one or more of the following cancers, you may have a risk of inherited cancer. These cancers include breast cancer, ovarian cancer, colorectal cancer, endometrial (uterine) cancer or melanoma. A blood test can help tell you whether you are at high risk, so you and your doctor can take steps to reduce your cancer risk now.

WHAT IS YOUR FAMILY HISTORY?

To help your doctor assess your hereditary cancer risk, fill in the chart below. If you have checked off at least one box, you may benefit from hereditary cancer testing. If any YES boxes are checked, you have a personal or family history suggestive of one of the more common hereditary cancer syndromes and are a candidate for further risk assessment, and if appropriate, genetic testing to determine if a gene change exists.

Once you have completed this form, your doctor's office will fax this form to the Helen & Harry Gray Cancer Center Genetic Counseling Services. Once this form has been received, you will be called regarding making an appointment to see the Genetic Counselor.

Have YOU been diagnosed with…		**YES**	**NO**	**UNCERTAIN**
Breast cancer before age 50?	**If yes, at what age**	❒	❒	❒
Ovarian cancer at any age?		❒	❒	❒
Two breast cancers, or breast *and* ovarian cancer?		❒	❒	❒
Male breast cancer at any age?		❒	❒	❒
Colon or uterine cancer before age 50?		❒	❒	❒
Colon or uterine at *any age* with family history of either?		❒	❒	❒
Two colon cancers, or colon *and* uterine cancer?		❒	❒	❒
15 or more colon polyps (can be cumulative)?		❒	❒	❒
Are you of Ashkenazi Jewish Ancestry?		❒	❒	❒

Have any of your FAMILY members been diagnosed with…			**WHO?**
*(Please indicate **maternal** or **paternal** as they are BOTH important)*			
Breast cancer before age 50?	❒	❒	_____
Ovarian cancer at any age?	❒	❒	_____
Two breast cancers, or breast *and* ovarian cancer?*	❒	❒	_____
Male breast cancer at any age?	❒	❒	_____
Colon or uterine cancer before age 50?	❒	❒	_____
Two colon cancers, or colon *and* uterine cancer?*	❒	❒	_____
15 or more colon polyps (can be cumulative)?	❒	❒	_____

***** *Can be two cancers in one person, or two or more people in your family with these cancers*