



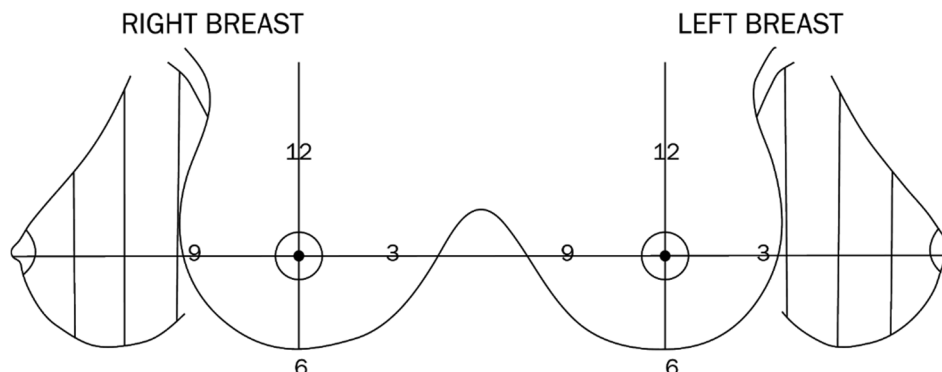
Name: _____ D.O.B. ____ / ____ / ____ Age: _____

List relatives who have a history of breast or ovarian cancer & their age of onset below:

1° Relatives	2° Relatives Mother's Side	2° Relatives Father's Side
<i>Parents, Siblings, Children</i>	<i>Grandparents, Aunts, Nieces, Half-siblings</i>	<i>Grandparents, Aunts, Nieces, Half-siblings</i>
Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)
Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)
Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)	Age of Onset: Breast _____ Ovarian _____ (Relative)

- YES NO Have you been tested for the BRCA gene? Result? Positive / Negative
- YES NO Does one of your 1° Relatives have the BRCA gene? (if unknown, check no)
- YES NO Did you have radiation therapy to the chest between 10 and 30 years of age?
- YES NO Do you have a personal history of breast cancer? Age at diagnosis: _____
- YES NO Is your family history unknown? (for example, if you were adopted, check yes).

DO NOT WRITE BELOW THIS LINE --- FOR TECHNOLOGIST USE



YES NO Claus Score > 20 Claus Score _____ Prior Breast Density: _____