

Are You At High Risk for Breast Cancer?



ANSWER THESE QUESTIONS TO ASSESS YOUR RISK

Our Breast Cancer Risk Assessment and Management program offers the most advanced surveillance, screening, diagnostic and preventative methods to women most at risk for breast cancer.

If you answer yes to any question below, you may be at increased risk for breast cancer.

Personal History

Circle yes or no.

- | | | |
|---|-----|----|
| 1. Have YOU had breast cancer? | Yes | No |
| <i>If yes</i> , have you had breast cancer in both breasts? | Yes | No |
| <i>If yes</i> , have you had multiple cancers in the SAME breast? | Yes | No |
| 2. Have you or anyone in your family tested positive for genetic testing for breast cancer? | Yes | No |
| 3. Have you had radiation treatment to your chest? | Yes | No |
| 4. Have you ever had a breast biopsy? | Yes | No |
| 5. Ashkenazi Jewish Heritage? | Yes | No |

Family History

Age at diagnosis & Relationship (M) Maternal or (P) Paternal

Has anyone in your family ever had:

- | | | | |
|---------------------------|-----|----|-------|
| Breast cancer? | Yes | No | _____ |
| Males with breast cancer? | Yes | No | _____ |
| Ovarian cancer? | Yes | No | _____ |
| Pancreatic cancer? | Yes | No | _____ |

Your Name: _____ Date of Birth _____

Your Doctor: _____ Best Phone Number to Reach You: _____

If you are identified as being at high risk, you may be contacted by Beekley Center for Breast Health and Wellness. If you do not wish to be contacted, please indicate by checking the box below.

I do not wish to be contacted.

For more information about the Beekley Center for Breast Health and Wellness Breast Cancer Risk Assessment and Management Program, call 860.585.3659.

Please fax this form to Beekley Center for Breast Health and Wellness: Fax # 860.585.3966.