MyRisk™
Hereditary Cancer Test

MID TN GYN cares about your family history and your cancer risks.

Patient name: _____

Check the boxes below based on your personal and family history of cancer. Leave blank what you do not know.

If you can answer "Yes" to at least 1 of the questions below, scan the QR code to complete.

Do you have a PERSONAL history of:

Breast, ovarian, colon, rectal, or pancreatic cancer at any age?	☐ Yes ☐ No
Uterine cancer at age 64 or younger?	☐ Yes ☐ No

Has any BLOOD RELATIVE (parent, sibling, half-sibling, child, grandparent, grandchild, aunt/uncle, niece/nephew) been diagnosed with:

Breast cancer at age 49 or younger?	☐ Yes ☐ No
Ovarian cancer at any age?	☐ Yes ☐ No
Ashkenazi Jewish ancestry with breast cancer in one relative at any age?	☐ Yes ☐ No

Has a parent, sibling, or child been diagnosed with:

Pancreatic cancer at any age?	☐ Yes ☐ No
Colon or rectal cancer at age 49 or younger?	☐ Yes ☐ No
Endometrial cancer at age 49 or younger?	☐ Yes ☐ No

After scanning the QR code, please mark:

☐ **I am a candidate.**

☐ **I am not a candidate.**