

[Back](#)[Finish](#)

Completed for:

Patient name: A B C

Patient e-mail: clewis222@me.com

Birthdate: Jan. 1, 1992

Today's date: Nov. 1, 2013, 12:02 a.m.

Patient age: 21

Thank you for completing our questionnaire!

1. Your chances of carrying a BRCA mutation are **very low**.
2. Your chances of developing breast or ovarian cancer are **average, not increased**. "Average" risk means about 1 in 10 chance of getting breast cancer and about 1 in 100 chance of getting ovarian cancer.
3. Your answers are summarized here:

What is your weight? (pounds): **3**

What is your height? (inches): **2**

What is your height? (feet): **1**

What is your race/ethnicity? Check all that apply.:

White

Hispanic

Have you ever had a breast biopsy in the past?: **Yes**

How many breast biopsies did you have?: **2**

What were the findings from your breast biopsy?:

Hyperplasia without atypia

Unknown

What was your age at your last period (menopause)?: **60**

What was your age at your first period?: **6**

How many live births have you had?: **0**

Have you had previous chest radiation (such as for cancer treatment)?: **No**

What hormones have you used? Check all that apply.:

Birth control use

Raloxifene

What was your age at your last use of birth control?: **7**

What was your age at your first use of raloxifene?: **8**

What was your age at your last use of raloxifene?: **9**

What was your age at your first use of birth control?: **6**

Have you ever had ovarian cancer?: **Yes**

Have any of your close blood relatives ever had ovarian cancer?: **No**

Have you ever had breast cancer or DCIS?: **Yes**

Was your cancer "triple negative", without receptors for estrogen, progesterone and HER2?: **Yes**

Have you had cancer in both breasts?: **No**

Was your cancer found in more than one location in the same breast?: **No**

Were you under 51 years old when your breast cancer was first diagnosed?: **No**

Did your breast cancer involve the skin overlying the breast?: **No**

Did two or more close blood relatives from the same side have breast or pancreatic cancer?: **No**

Do you have any close blood relatives with breast cancer that was diagnosed at age 50 years or younger?: **No**

Do you have at least one close blood relative who is Ashkenazi Jewish?: **Yes**

Leukemia or lymphoma?: **False**

Pancreatic cancer?: **False**

Sarcoma?: **True**

Brain tumors?: **False**

Thyroid cancer?: **False**

Cancer of the uterus?: **False**

Adrenal cancer?: **True**

Stomach cancer?: **False**

Have any of your female close blood relatives lived beyond age 45 years?: **Yes**

If any of your answers need correction, click the "Back" box to return to the page needing correction. Enter your changes, and click the "Next" box to work through the survey again.

When your answers are correct, click the "Finish" box to save them.

Here are other ways you can learn more:

1. You may ask your physician for our handout.
2. We suggest these websites:

- National Institutes of Health: <http://health.nih.gov/topic/BreastCancer>
- Susan Komen Foundation: <http://ww5.komen.org/AboutUs/AboutUs.html>
- National Comprehensive Cancer Network:
http://www.nccn.org/patients/patient_guidelines/breast/index.html
- PAMF: <http://www.pamf.org/cancercare/diagnosis/geneticcounseling.html>