

[Back](#)[Finish](#)**Completed for:**

Patient name: Y, X, Brief

Patient e-mail: clewis222@me.com

Birthdate: Jan. 1, 1922

Today's date: Nov. 4, 2013, 4:13 p.m.

Patient age: 91

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:

Page: "H1" What is your weight? (pounds): **10**

Page: "H1" What is your height? (inches): **9**

Page: "H1" What is your height? (feet): **8**

Page: "H2" What is your race/ethnicity? Check all that apply.:

Page: "H2" White

Page: "H2" Hispanic

Page: "H3" Have you ever had a breast biopsy in the past?: **No**

Page: "H4" What was your age at your last period (menopause)?: **50**

Page: "H4" What was your age at your first period?: **9**

Page: "H5" How many live births have you had?: **0**

Page: "H6" Have you had previous chest radiation (such as for cancer treatment)?: **No**

Page: "H7" What hormones have you used? Check all that apply.:

Page: "P1" Have you ever had ovarian cancer?: **No**

Page: "P2" Have any of your close blood relatives ever had ovarian cancer?: **No**

Page: "P3" Have you ever had breast cancer or DCIS?: **No**

Page: "P4" Has at least one of your close blood relatives been confirmed to have BRCA gene mutations?: **No**

Page: "P4" Do you have at least one close blood relative who is Ashkenazi Jewish?: **Yes**

Page: "P4" Has at least one of your close blood relatives had breast cancer?: **Yes**

Page: "P4a" Has any <u>male</u> blood relative had breast cancer?: **No**

Page: "P4a" Have two or more close blood relatives from the <u>same side</u> (mother's or father's) of your family had breast cancer?: **No**

Page: "P4b" For any of your close blood relatives who had breast cancer, did that same relative also have::

Page: "P4b" Thyroid cancer?

Page: "P4b" Cancer of the uterus?

Page: "P4b" Brain tumors?

Page: "P5" 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>