Risk Assessment for Lynch and Hereditary Polyposis Syndromes

Patient Name: _____ Physician: _____

Date of Birth: _____ Date Completed: _____

Instructions: Please circle Y for those that apply to YOU and/or YOUR FAMILY (on both your mother's/maternal or father's/paternal side). Next to each statement, please list the relationship to you and age of diagnosis. You and the following family members should be considered:

Mother Father Brother Sister Children Paternal Uncle/Aunt Maternal Uncle/Aunt First Cousins Niece/Nephew Maternal Grandmother/Grandfather Paternal Grandmother/Grandfather

Each statement should be answered individually, so you may list the same cancer diagnosis more than once as you answer these questions. This is a screening tool for the common features of Lynch syndrome and Hereditary Polyposis syndromes. Share this information with your healthcare professional to help determine your hereditary cancer risk.

	COLON AND UTERINE CANCER	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
○Y ○N	Colorectal cancer before age 50			
○Y ○N	Uterine (endometrial) cancer before age 50			
○Y ○N	Two or more Lynch syndrome cancers* in the same person or on the same side of the family			

(*Lynch syndrome cancers include: colorectal, uterine/endometrial, ovarian, stomach, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain or sebaceous adenomas)

	POLYPOSIS SYNDROMES	SELF	FAMILY MEMBER	AGE AT DIAGNOSIS
○Y ○N	10 or more cumulative (lifetime) colorectal adenomas (colon polyps)			
○Y ○N	Have you or any member of your family ever been tested for hereditary risk of cancer? If yes, please explain:			

_____
Patient's Signature Date

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☐ Candidate for further risk assessment and/or genetic testing: ☐ Lynch ☐ Polyposis

☐ Information given to patient to review

☐ Follow-up appointment scheduled Date: _____

☐ Patient offered genetic testing:
- ☐ Accepted
- ☐ Declined

_____
Healthcare Professional's Signature Date

Assessment criteria based on medical society guidelines. For these individuals society guidelines go to www.myriadtests.com/patient_guidelines

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