FUCKCANCER™

CANCER RISK ASSESSMENT

Understanding your personal cancer risk is a critical step in finding cancer early when it is easier to treat. Sharing a record of your health, current and past illnesses among family members, and other important information with your doctor may show them a pattern of certain diseases to look out for.

Complete this form and share it with your doctor at your next visit. The more detail you can provide the better.

YOUR INFORMATION

Full Name:

Date of Birth: / /

SECTION 1: PERSONAL MEDICAL HISTORY

Have you ever been diagnosed with cancer? ☐ Yes ☐ No

If yes, provide more information here:

Type of cancer	Age at diagnosis	Side of Body (if applicable)	Multiple primary cancers?	Treatment received

FOLLOW-UP QUESTIONS

Were you diagnosed with cancer before age 50? ☐ Yes ☐ No

Have you had more than one type of cancer? ☐ Yes ☐ No

Have you had cancer in a set of paired organs (i.e. in both breasts, both kidneys)? ☐ Yes ☐ No

Have you had 10 or more colon polyps? ☐ Yes ☐ No

Have you ever had a rare cancer diagnosis? ☐ Yes ☐ No

If yes, what was the diagnosis?

FOLLOW-UP QUESTIONS

Have you had tumor testing that showed:

BRCA mutation	☐ Yes	☐ No
Lynch syndrome marker/MSI-high	☐ Yes	☐ No
TP53 mutation	☐ Yes	☐ No
PALB2 mutation	☐ Yes	☐ No
CHEK2 mutation	☐ Yes	☐ No
Other hereditary mutation	☐ Yes	☐ No

If yes, please specify:

SECTION 2: PERSONAL RISK FACTORS

ETHNICITY AND ANCESTRY

Certain hereditary cancers are more common in some communities. Check all that apply:

Ashkenazi Jewish	☐ Yes	☐ No
French Canadian	☐ Yes	☐ No
Icelandic	☐ Yes	☐ No
African ancestry	☐ Yes	☐ No
Hispanic/Latino ancestry	☐ Yes	☐ No
Asian ancestry	☐ Yes	☐ No
Indigenous ancestry	☐ Yes	☐ No

REPRODUCTIVE AND HORMONAL HISTORY

Age at first menstrual period:

Number of pregnancies carried to term:

Age at first childbirth

Have you ever used hormone replacement therapy? ☐ Yes ☐ No

Have you ever used oral contraceptives? ☐ Yes ☐ No

LIFESTYLE FACTORS

Have you ever:	Used tobacco?	☐ Yes	☐ No
	Been a heavy drinker?	☐ Yes	☐ No
	Been obese?	☐ Yes	☐ No
	Had significant sun exposure/tanning bed use?	☐ Yes	☐ No
	Had occupational chemical exposure?	☐ Yes	☐ No

Provide any additional notes on your personal risk factors here:

SECTION 3: FAMILY HISTORY

In this section, include a record of any of your blood relatives who have had cancer.

A. FIRST-DEGREE RELATIVES (Parents, siblings, children)

Relative	Maternal/ Paternal Side of Your Family	Cancer Type (Location)	Their Age at Diagnosis	Are They Alive or Deceased	What is Their Current Age or Age at Death

B. SECOND-DEGREE RELATIVES (Grandparents, aunts, uncles, nieces, nephews, half-siblings)

Relative	Maternal/ Paternal Side of Your Family	Cancer Type (Location)	Their Age at Diagnosis	Are They Alive or Deceased	What is Their Current Age or Age at Death

C. THIRD-DEGREE RELATIVES (Cousins, great-grandparents, great-aunts/uncles)

Relative	Maternal/ Paternal Side of Your Family	Cancer Type (Location)	Their Age at Diagnosis	Are They Alive or Deceased	What is Their Current Age or Age at Death

Is there any additional information you'd like to provide about your family's history with cancer?

SECTION 4: PREVIOUS GENETIC TESTING

Have you ever had genetic testing? ☐ Yes ☐ No

If yes:

Test Performed	Results	Date Performed

Has any blood relative had genetic testing? ☐ Yes ☐ No

If yes:

Relative	Test Performed	Results	Date Performed

WANT TO LEARN MORE?

TIPS, GUIDES AND SUPPORT ARE AVAILABLE AT LETSFCANCER.COM

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