MyRisk™
Hereditary Cancer Test

Advanced Women's Healthcare

Patient name:

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

Do you have a personal history of:

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

Has any 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

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

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

If you've answered "Yes" to any of the questions above, show this card to your healthcare provider today and ask to discuss hereditary cancer testing.