

GENETIC SCREENING RISK ASSESSMENT

This brief genetic screening risk assessment focuses on your 1st degree family members, including parents, children, brothers, and sisters, including those both living or deceased. Several questions ask about additional family beyond 1st degree family members.¹

Yes No

 Have you or any of your 1st degree family members had heart disease before the age of 60? “Heart disease” includes cardiovascular disease, heart attack, angina and bypass surgery. If YES, please specify relationship:

 Have you or any of your 1st degree family members had diabetes? “Diabetes” is also known as type 2 diabetes or non-insulin dependent diabetes. If YES, please specify relationship: _____

 Have you or any of your 1st degree family members had melanoma? If YES, please specify relationship: _____

 Have you or any of your 1st degree family members had colorectal cancer before the age of 55? If YES, please specify relationship:

 Do you have more than one relative on the same side of the family who has had colorectal cancer at any age? Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren. If YES, please specify relationship:

 Have you or any of your 1st degree family members had prostate cancer before the age of 60? If YES, please specify relationship:

 Have you or any of your 1st degree family members had breast cancer before the age of 50? If YES, please specify relationship:

 Do you have more than one relative on the same side of your family who has had breast cancer at any age? Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren. If YES, please specify relationship:

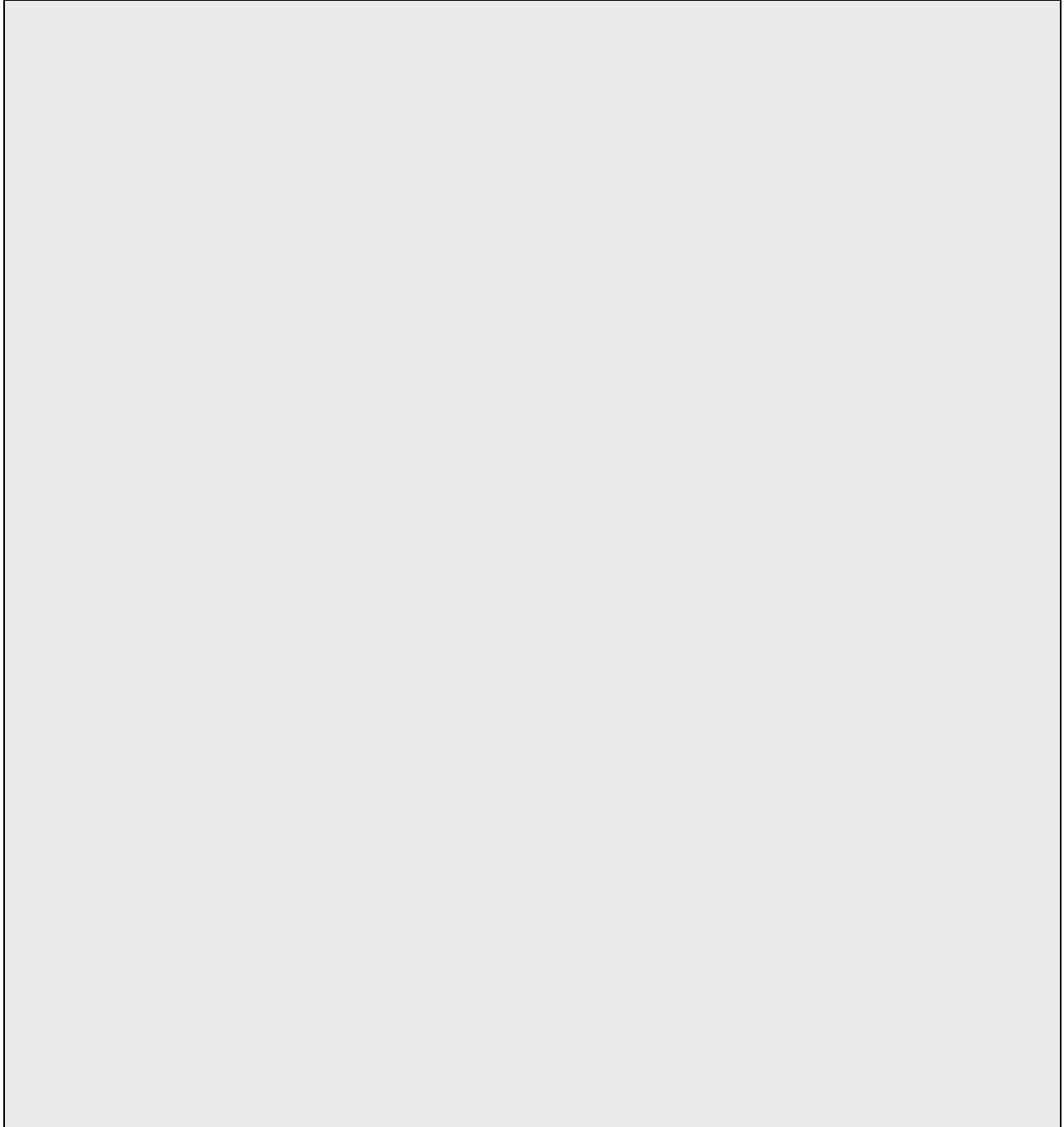
How is your health in general? _____

Do you think there are any other conditions or illnesses which run in your family? If so, please specify.

Have you or any of your close relatives ever had genetic testing? If so, please specify.

¹This Genetic Screening Risk Assessment is not comprehensive. It was created for the purpose of assisting My Faulty Gene with requests for genetic testing financial assistance/scholarships, as available. It is printable and can also be used as a conversation-starter about genetic testing with your own medical providers.

Please include any additional information you believe may be relevant to your family's history of diseases or disorders in the space below:

A large, empty rectangular box with a black border, intended for providing additional information about family history of diseases or disorders. The box is currently blank and occupies the majority of the page below the instruction.