

BREAST CANCER RISK ASSESSMENT

Baylor Regional Medical Center at Plano

If you would like to participate in the “*Know Your Risk: Knowledge is Power*” breast cancer risk assessment program, please answer the following questions. Your risk of developing breast cancer will then be calculated. **Participation in the program is optional. You may mail this form, call, or come by if you have any questions.**

Referred by: _____

1. Have you ever had invasive breast cancer?

Yes No

(If your answer was “YES” please stop here)

2. What is your ethnic identity?

White Black Hispanic Asian Other

3. What is your date of birth? _____ Age: _____

4. How old were you when you had your first menstrual period? _____

5. Do you have children? Yes No

6. If **YES**, how old were you at the first live birth? _____

7. How many first-degree relatives do you have with breast cancer (*mother-daughter-sister-father-son-brother*)? _____

8. How many second-degree relatives do you have with breast cancer (*grandmother-aunts*)? _____

9. Do you have any relatives with ovarian cancer?

Yes No

10. Do you have any relatives with **male** breast cancer?

Yes No

11. Have you ever had a breast biopsy?

Yes No

12. If **YES**, how many? _____

What was the diagnosis? _____

Continue on back...

You are encouraged to discuss your risk factors and breast cancer risk assessment results with your physician.

I understand that my breast cancer risk assessment results will only provide an estimate for breast cancer based on my risk factors. This is *not* a conclusive indicator for predicting breast cancer. My signature gives permission for an evaluation of my risk for developing breast cancer.

*** I give my permission to be contacted in the future**

Yes No

*** I give my permission for this information to be entered in a confidential research database**

Yes No

I may withdraw my permission at any time and my information would not be used after that date.

Signature: _____

Date: _____

Print Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____



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