

BREAST CANCER RISK ASSESSMENT

If you would like to participate in the “**Breast Cancer Risk Assessment Project**”, please answer the following questions. Your risk of developing breast cancer will then be calculated using the computerized Gail Model.

Participation in the program is optional. You may also fax this form to (469) 814-2126.

Please give us a call at (469) 814-6753 if you have any questions.

Dates: _____ 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, or brother)? _____
8. How many second-degree relatives do you have with breast cancer
(grandmother, aunts)? _____
9. Do you have any relatives with ovarian cancer? _____
10. Do you have any relatives with male breast cancer? _____
11. Have you ever had a breast biopsy? YES _____ NO _____
12. If YES, how many? _____ What was the diagnosis? _____

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:** _____