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(By appt.)

RISK ASSESSMENT FOR COLORECTAL CANCER PREVENTION

In some families, cancer may be due to specific genetic factors. Identifying these hereditary factors can help determine the risk of cancer, and will help us make better recommendations for you and your family.

Have **YOU** or any of your **FAMILY MEMBERS** had any of the following cancer- Colon/Rectal, Uterine/Endometrial, Ovarian, Stomach, Kidney, Pancreatic, Small Intestine cancer. Your Insurance may be able to cover genetic testing depending on cancer that is in your family history.

Consider all family members including:
Mother, Father, Brother, Sister, Children, Aunt, Uncle, Cousin, Grandmother, and Grandfather

Type of Cancer	Indicate Maternal or Paternal Family Member	Age at Diagnosis

PLEASE COMPLETE ALL FIELDS

Patient Name_____

Today's Date_____

Date of Birth_____

Physician_____

Phone Number_____