The Center for Breast Health
AT GOOD SAMARITAN REGIONAL MEDICAL CENTER

RAMAPO VALLEY SURGICAL ASSOCIATES
a member of Bon Secours Medical Group

Referral for Hereditary Cancer Risk Assessment

Patient Name: _____ Date of referral:_____

DOB: _____ MR#:_____ Referred by: _____

Tel: _____ Tel: _____ Fax: _____

Insurance: _____ Best time and way to contact provider:

Ethnicity: _____ _____

Please check who meets the indication for referral in the spaces below, e.g. maternal aunt.

Indication for referral	**Patient**	**1st or 2nd-degree relative, specify relation**
Breast cancer before age 50	☐	
Breast cancer any age and Ashkenazi Jewish	☐	
Breast cancer in a male	☐	
Breast cancer-multiple primaries	☐	
Ovarian cancer at any age	☐	
Uterine cancer before age 50	☐	
Colorectal cancer before age 50	☐	
Colorectal polyps before age 50	☐	
10 or more colorectal polyps total	☐	
Medullary thyroid cancer	☑	
Other, such as rare cancers or pheochromocytoma (please list):	☐	
Paraganglioma	☐	
Multiple* melanomas and/or pancreatic cancers	☐	
Multiple* GI and/or endometrial ca.	☐	
Multiple* breast/ovarian/pancreatic ca.	☐	
* *In one individual or several.*		

If there is a question about other indications for referral, please consult Vanessa Marcell, Certified Genetic Counselor. To schedule an appt., please fax or e-mail this form back, attention to Vanessa Marcell. Please have the patient or an office team member contact Vanessa directly.

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