

## High-Risk Referral for Hereditary Breast<sup>⌘</sup> and Ovarian<sup>†</sup> Cancer Syndrome

Patient Name: _____ DOB: _____ MR#: _____ Tel: _____ Insurance: _____ Ethnicity: _____	Date of referral: _____ Referred by: _____ Tel: _____ Fax: _____ Best time and way to contact provider: _____
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**PLEASE CHECK THE APPROPRIATE BOX TO INDICATE REASON FOR GENETIC COUNSELING REFERRAL**

PATIENT HISTORY:	FAMILY* HISTORY ONLY:
<input type="checkbox"/> Ovarian cancer diagnosed (dx) at any age	List relationship of affected relative(s) to your patient: _____
<input type="checkbox"/> Both breast and ovarian cancers dx at any age	<input type="checkbox"/> Ovarian cancer diagnosed (dx) at any age
<input type="checkbox"/> Two primary breast cancers (include bilateral disease and 2 separate ipsilateral tumors)	<input type="checkbox"/> Both breast and ovarian cancers dx at any age
<input type="checkbox"/> Male with breast cancer dx any age	<input type="checkbox"/> Two primary breast cancers (include bilateral disease and 2 separate ipsilateral tumors)
<input type="checkbox"/> Breast cancer dx at age 50 or younger <input type="checkbox"/> If Ashkenazi Jewish, age 60 or younger	<input type="checkbox"/> Male with breast cancer dx any age
<input type="checkbox"/> Triple negative breast cancer (ER-, PR-, HER2-)	<input type="checkbox"/> Breast cancer dx at age 50 or younger <input type="checkbox"/> If Ashkenazi Jewish, age 60 or younger
PERSONAL + FAMILY * HISTORY	<input type="checkbox"/> Mutation (e.g. <i>BRCA1/2</i> ) identified in relative
<input type="checkbox"/> Patient dx with breast cancer at any age + known familial mutation, e.g. <i>BRCA1/2</i>	<input type="checkbox"/> 3 or more relatives dx with breast cancer at any age
<input type="checkbox"/> Patient dx with breast cancer at any age + 2 or more relatives with breast or pancreatic or ovarian <sup>†</sup> cancer dx at any age	<input type="checkbox"/> 2 or more relatives dx with breast cancer if 1 is dx at age 50 or younger <input type="checkbox"/> (Acceptable for 2 relatives at any age) <sup>⌘</sup>
<input type="checkbox"/> Patient dx with breast cancer at any age + relative with one of the above criteria; list relation to patient and qualifying criterion: _____	⌘ Includes ductal carcinoma <i>in situ</i> (DCIS) * Includes 1st-degree and 2nd-degree relatives † Includes ovarian epithelial non-mucinous histology and fallopian tube or primary peritoneal cancer ⌘ This reflects NCCN guidelines for risk counseling & high-risk screening coordination but has a low risk of mutation; therefore testing might not to be covered.

If there is concern about 1) a personal or family history of cancer that does not meet these criteria, 2) an individual with a rare tumor, or 3) multiple relatives with cancer, please consult Vanessa Marcell at [Vanessa\\_Marcell@bshsi.org](mailto:Vanessa_Marcell@bshsi.org) or 845-533-4951.

**Fax or mail this form to:**  
**Vanessa Marcell, MS, CGC**  
**The Center for Breast Health, Good Samaritan Hospital**  
**257 Lafayette Ave., Suite 200, Suffern, NY 10901**  
**Fax: 845-533-7200**