



# Mountain Point Medical Center

A STEWARD FAMILY HOSPITAL

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Check the boxes below based on your personal and family history of cancer.** Leave blank what you do not know.

**Relatives to consider:** Parents, siblings, half-siblings, children, grandparents, grandchildren, aunts, uncles, nieces and nephews on both sides of the family.

**Do you have personal history of:**

**YES**

**NO**

Breast, ovarian, or pancreatic cancer at any age:



**Do you have family history of:**

Breast cancer 49 or younger?



Two breast cancers in relatives on the same side of the family at any age?



Ovarian Cancer at any age?



Pancreatic Cancer at any age?



Male breast Cancer at any age?



Metastatic prostate cancer at any age?



Triple negative breast cancer (Er-,PR-,Her2-) at age 60 or younger?



**BREAST CANCER RISK MODEL INFORMATION**

Your current height (ft/in) \_\_\_\_\_ Your current weight (lbs) \_\_\_\_\_

**Your menopausal status:**

Pre-menopausal       Peri-menopausal (time before menopause marked by irregular cycles)

Post-menopausal (permanent cessation of period for 12 months or longer)

Age of onset \_\_\_\_\_ Your age at time of first menstrual period \_\_\_\_\_

Your age at time of first live birth \_\_\_\_\_ Number of daughters \_\_\_\_\_

Number of sisters \_\_\_\_\_ Number of maternal aunts (mother's sisters) \_\_\_\_\_

Number of paternal aunts (father's sisters) \_\_\_\_\_

**YES**

**NO**

Did you ever use Hormone Replacement Therapy?



If yes, which type?

Combined       Estrogen Only       Progesterone only       Don't know

Are you:

Current user      How many years ago did you start? \_\_\_\_\_ How many more years do you intend to use? \_\_\_\_\_

Past user      How many years ago did you stop using? \_\_\_\_\_

Have you ever had a breast biopsy?       YES       NO

If yes, do you know the diagnosis? \_\_\_\_\_

Please return completed form by email to [eliza.avendano@steward.org](mailto:eliza.avendano@steward.org)

We are here for you. Call with any questions: 385-345-3577

**For office use only:**

- Pt scheduled       Genetic Testing  
 Breast MRI       Pt refused

Referral Card Given:       Yes       No

TC Score: \_\_\_\_\_