Hereditary Cancer Risk Assessment Program
Greater Baltimore Medical Center
The Harvey Institute for Human Genetics

Please complete this questionnaire prior to your appointment and send it back to us either via email, fax, or mail. This information is important for your visit.

Contact Information: **Phone:** 443-849-3131
Email: clinicalgenetics@gbmc.org
Fax: 443-849-2919

Location: Greater Baltimore Medical Center, 6701 N. Charles St. Ste 2326, Towson, MD 21204
We are located on the 2nd floor of the main hospital, near labor and delivery. Valet parking is available outside the maternity entrance or the nearest parking garage is the Lily garage.

Frequently Asked Questions

What is the purpose of a hereditary cancer risk assessment? We assess the likelihood of a genetic risk factor for cancer in you and/or your family based on information about your personal and family history. We may recommend genetic testing, additional or more frequent cancer screening , and/or ways to reduce cancer risk.

Will my insurance cover the cost of the visit and any genetic testing? Yes, most likely. The visit and any genetic testing are billed separately to your insurance. For the visit, we accept all insurances with which GBMC maintains contracts. Our administrative staff would be happy to assist you in determining if your insurance maintains a contract with GBMC. If you are subject to a co-pay, co-payments are at the specialist rate. If your insurance requires a referral to see a specialist, it is your responsibility to obtain this prior to your appointment.

Any genetic testing is sent to outside laboratories and billed by that laboratory. In our experience for most of our patients, genetic testing is covered by their insurance. However, once we determine what type of testing would be most appropriate we will be able to provide you with additional information regarding your insurance coverage for genetic testing. Unfortunately, we are usually not able to provide this information before your initial visit, as coverage is usually based upon our risk assessment.

My insurance requires prior authorization for genetic testing, should my physician or I get this before my visit? No. If prior authorization is required, we or the laboratory will obtain this on your behalf prior to the start of any testing. In order to obtain prior authorization a letter of medical necessity is usually required, which we can write once we have reviewed your personal and/or family history. Please note that if prior authorization is required prior to testing, we are often still able to draw a blood sample for genetic testing on the day of your initial visit and ask the lab to hold the sample until prior authorization is obtained.

Can my employer or health insurance use my genetic test result against me? In 2008 a federal law known as the Genetic Information Nondiscrimination Act (GINA) was passed to prohibit discrimination based on genetic information by employers and health insurance companies. For more information,

please see www.dnapolicy.org/gina. Our genetic counselor will also be able to discuss this issue with you further during your visit.

Can I have genetic testing without formal genetic counseling? No. We do not offer genetic testing without genetic counseling because it is important to review your complete medical and family history. There are many types of genetic risk factors for cancer and it is in your best interests to have a complete assessment by an expert in cancer genetics to make sure the most appropriate tests are ordered. In addition, we spend time discussing the benefits and limitations of genetic testing along with providing result interpretation and medical management.

If I come in for an appointment, am I required to have genetic testing? No. During your appointment we may discuss the option of genetic testing but it is your choice to proceed, not proceed, or wait to test.

Demographic Information:

First Name:_ _____ Last Name: _____ Middle Initial: _____

Maiden name: _____ Suffix: _____ Preferred Name: _____

Date of Birth:_____ Current Age: ____ Ethnicity: _____

Sex at Birth: _____ Gender Identity: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Preferred phone number(s): _____Email: _____

Occupation:_____ Marital Status: _____

Primary Insurance Information:

Insurance Name: _____ Member ID: _____ Group ID:_____

Claim's Address:_____ City: _____ State:_____ Zip_____

Insurance Phone #: _____ Subscriber's Name: _____

Subscriber's DOB: _____ Relationship to Patient: _____

Secondary Insurance Information:

Insurance Name: _____ Member ID: _____ Group ID:_____

Claim's Address:_____ City: _____ State:_____ Zip_____

Insurance Phone #: _____ Subscriber's Name: _____

Subscriber's DOB: _____ Relationship to Patient: _____

Medical History Questions:

All Patients:

Were you referred by a specific physician?	**Name/Specialty:**
Do you have a primary care provider?	**Name:**
What is the reason for the appointment, or do you have any specific concerns or questions?	
Have you ever been diagnosed with cancer?	☐ Yes ☐ No Type of cancer: Age at Diagnosis: Type of cancer: Age at Diagnosis: Type of cancer: Age at Diagnosis:
Have you ever had genetic testing (related to cancer)? (please include a copy of your report if possible)	☐ Yes ☐ No Approximate date: _____ Results: _____
Has anyone in your family ever had genetic testing? (please try to obtain and include a copy of their report, or bring to your appointment)	☐ Yes ☐ No Relative(s): _____ Results: _____
Have you ever had a colonoscopy?	☐ Yes ☐ No
When was your most recent colonoscopy?	Month/Year_____
Have you ever had any colon or rectal polyps?	☐ Yes ☐ No
If yes:	Number of polyps: Age at first polyp:
Have you ever had an unusual skin findings?	☐ Yes Please describe_____ ☐ No
Have you have ever used tobacco?	☐Current ☐Past ☐Never
Do you drink alcohol?	☐Yes #drinks/week ☐ No

For Women Only:

How old were you when you got your first period?	Age ____
How many years have you taken birth control pills?	# Years: _____ ☐ Never did
How old were you when you had your first child?	Age_____ ☐No biological children
Do you examine your breasts every month for suspicious lumps or changes?	☐ Yes ☐ No ☐ Sometimes

Do you get a mammogram annually?	☐ Yes ☐ No ☐ Sometimes
When was your most recent mammogram?	Month/Year_____
If you have NEVER had breast cancer, how many breast biopsies have you had?	Number:_____ ☐ N/A
Did any of the biopsies show atypical hyperplasia?	☐ Yes ☐ No ☐ Not sure
Did any of the biopsies show LCIS?	☐ Yes ☐ No ☐ Not sure
Have you had a mastectomy (surgical removal of one or both breasts)?	☐ No ☐ One ☐ Both
Have you had a hysterectomy (surgical removal of uterus)?	☐ Yes ☐ No
Have you had an oophorectomy (surgical removal of the ovaries)?	☐ No ☐ One ☐ Both
Have you ever used hormone replacement therapy?	☐ Yes ☐ No
Have you ever taken tamoxifen (to treat or prevent breast cancer)?	☐ Yes ☐ No
Have you experienced menopause?	☐ Yes If yes, what age?_____ ☐ No

For Men Only:

Do you undergo regular prostate cancer screening with PSA blood tests?	☐ Yes ☐ No

Family history

Instructions: Please do the best you can to complete the following information.

- If there is not enough space for all relatives to be listed, please list answers on a separate sheet of paper.
- Please include all blood relatives whether or not they have had cancer.

Are you adopted?	☐ Yes ☐ No
Are any of your relatives of Ashkenazi Jewish descent?	☐ Yes ☐ No ☐ Not sure
What countries are your mother's ancestors originally from?	
What countries are your father's ancestors originally from?	

Your parents and grandparents:

First Name	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? Y/N	Location of cancer (breast, lung, etc.)
Mother				
Father				
Mother's mother				
Mother's father				
Father's mother				
Father's father				

Your children (sons and daughters):

First Name	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? Yes/No	Location of cancer (breast, lung, etc.)

Your sisters and brothers:

First Name	Same mother as you? (Y/N)	Same father as you? (Y/N)	Alive/ Deceased (A/D)	Current age/ Age at death	History of cancer? Y/N	Location of cancer (breast, lung, etc.)	# of male children	# of female children

Please specify any nieces or nephews with cancer:

_____

Your Aunts & Uncles (on your mother's side):

First Name	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? Y/N	Location of cancer (breast, lung, etc.)	# of male children	# of female children

Please specify any cousins on your mother's side with cancer:

_____

Your Aunts & Uncles (on your father's side):

First Name	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? Y/N	Location of cancer (breast, lung, etc.)	# of male children	# of female children

Please specify any cousins on your father's side with cancer:

Do you have any other relatives with cancer? Please specify their relationship and the type of cancer.

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