

Hereditary Cancer Risk Assessment Program Greater Baltimore Medical Center

Harvey Institute for Human Genetics & Berman Cancer Institute

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:

If you were referred by an oncologist at GBMC, your appointment is in Oncology Support Services, which is Suite 114 of the Berman Cancer Institute. The nearest parking garage is the Berman garage. You can take the elevators to the first floor of the Berman building, then ask the information desk how to get to Oncology Support Services.

For all other referrals, your appointment is at the Harvey Institute for Human Genetics (Greater Baltimore Medical Center, 6701 N. Charles St. **Suite 2326**, Towson, MD 21204). We are located on the 2nd floor of the main hospital, near labor and delivery. The nearest parking garage is the Lily garage. Valet parking is available outside the maternity entrance.

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. 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 results 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 visit www.dnapolicy.org/gina. Our genetic counselor will also be able to discuss this 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. It is your choice to proceed, decline, or defer testing.

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: _____

For Women Only:

How old were you when you got your first period?	Age _____
How many years have you taken birth control pills?	# Years: _____ <input type="checkbox"/> Never did
How old were you when you had your first child?	Age _____ <input type="checkbox"/> No biological children
Do you examine your breasts every month for suspicious lumps or changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Do you get a mammogram annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
When was your most recent mammogram?	Month/Year _____
If you have NEVER had breast cancer, how many breast biopsies have you had?	Number: _____ <input type="checkbox"/> N/A
Did any of the biopsies show atypical hyperplasia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Did any of the biopsies show LCIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you had a mastectomy (surgical removal of one or both breasts)?	<input type="checkbox"/> No <input type="checkbox"/> One Breast Removed <input type="checkbox"/> Both Breasts Removed
Have you had a hysterectomy (surgical removal of uterus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an oophorectomy (surgical removal of the ovaries)?	<input type="checkbox"/> No <input type="checkbox"/> One Ovary Removed <input type="checkbox"/> Both Ovaries Removed
Have you ever used hormone replacement therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever taken tamoxifen (to treat or prevent breast cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced menopause?	<input type="checkbox"/> Yes If yes, what age? _____ <input type="checkbox"/> No

For Men Only:

Do you undergo regular prostate cancer screening with PSA blood tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 use a separate sheet of paper.
- Please include all blood relatives whether or not they have had cancer.

Are you adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any of your relatives of Ashkenazi Jewish descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.)	Age at diagnosis (or multiple ages)
Mother					
Father					
Mother's mother					
Mother's father					
Father's mother					
Father's father					

Your children (sons and daughters):

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

Your sisters and brothers:

First Name and gender	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.)	Age at diagnosis (or multiple ages)	# of children

Please specify any nieces or nephews with cancer:

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

First Name and gender	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? (Y/N)	Location of cancer (breast, lung, etc.)	Age at diagnosis (or multiple ages)	# of children

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

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

First Name and gender	Alive/ Deceased (A/D)	Current age/Age at death	History of cancer? Y/N	Location of cancer (breast, lung, etc.)	Age at diagnosis (or multiple ages)	# of 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(s) of cancer.
