Patient Name	DOB	Phone	
IDENTIFYING ELIGIBILITY FOR BRCA1/2	TESTING FOR PATIENTS	DIAGNOSED WITH PROSTATE CAN	CER GLEASON <u>></u> 7
Up to 10% of patients with prostate cancer m history of the cancers listed below, you may v associated with breast cancer and may be pro	wish to be tested for these a	genetic abnormalities. BRCA1 and BRCA	
Date diagnosed with prostate cancer:	Gleaso	n grade	
*Eligibility Criteria for referral for geneti	c testing		
Personal history of prostate canc	er Gleason <u>></u> 7 at any age	and	
>1 close blood relative with o	ovarian cancer at any age	or breast cancer ≤50 years of age	
or			
2 relatives with breast, pancr	eatic or prostate cancer	Gleason <u>></u> 7) at any age)	
2 relatives with breast, pancr	reatic or prostate cancer	Gleason ≥7) at any age)	
2 relatives with breast, pancr PATIENT'S FAMILY HISTORY:	eatic or prostate cancer	Gleason <u>></u> 7) at any age)	
	·		
PATIENT'S FAMILY HISTORY:	o Family member(s)		
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes No	p Family member(s) p Family member(s) and	age at diagnosis	
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes No Family history of breast cancer? Yes No Family history of ovarian cancer? Yes No	p Family member(s) p Family member(s) and p Family member(s)	age at diagnosis	
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes No Family history of breast cancer? Yes No	p Family member(s) p Family member(s) and p Family member(s)	age at diagnosis	
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes Note Family history of breast cancer? Yes Note Family history of ovarian cancer? Yes Note Family history of pancreatic cancer? Yes Note	p Family member(s) p Family member(s) and p Family member(s) p Family member(s)	age at diagnosis	
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes Note Family history of breast cancer? Yes Note Family history of ovarian cancer? Yes Note Family history of pancreatic cancer? Yes Note SPOUSE'S FAMILY HISTORY:	p Family member(s) p Family member(s) and p Family member(s) p Family member(s) p Family member(s)	age at diagnosis	
PATIENT'S FAMILY HISTORY: Family history of prostate cancer? Yes Note Family history of breast cancer? Yes Note Family history of ovarian cancer? Yes Note Family history of pancreatic cancer? Yes Note SPOUSE'S FAMILY HISTORY: Family history of prostate cancer? Yes Note	Family member(s) Family member(s) and Family member(s) Family member(s) Family member(s) Family member(s)	age at diagnosisage at diagnosis	

If you meet the eligibility criteria and are interested in genetic testing call the Texas Health Presbyterian Dallas **Genetic Counselling Center at 214-345-6625**

^{*}National Comprehensive Cancer Network NCCN Guidelines Version 2.2017 BRCA-Related Breast and/or Ovarian Cancer Syndrome