Please check all that apply

natera | Empower™ Hereditary cancer test

Have you or a close relative **(parents, siblings, children, uncles, aunts, first cousins, grandparents, grandchildren, nieces, nephews, or half-siblings)** had any of the following:

- ☐ **Breast, colon, or uterine/endometrial cancer** diagnosed **under age 50**
- ☐ **Ovarian cancer, pancreatic cancer,** or male breast cancer diagnosed at any age
- ☐ **Three or more** family members with the following cancers on the same side of the family: (breast and/or prostate) or (uterine/endometrial and/or colorectal)
- ☐ **Ashkenazi Jewish** ancestry with **breast cancer** or **prostate cancer** diagnosed at any age
- ☐ **Metastatic (stage 4 or advanced) prostate cancer**

Did you check any of the boxes above? If yes, flip over and fill out the back.

Hereditary cancer testing can help you understand if you may have an increased risk for developing cancer.

I want to discuss this with my provider: ☐ Y ☐ N

Patient name: _____ Date of birth: _____

Provider you are seeing today: _____ Clinic name: _____

For more information, text **EMPOWER** to **636363** or scan here:

Message and data rates may apply. For terms & conditions, please go to: natera.com/terms/.For Natera's privacy policy, please go to: natera.com/privacy/

Empower has been developed and its performance characteristics determined by the CLIA-certified laboratory performing the test. The test has not been cleared or approved by the US Food and Drug Administration (FDA). CAP accredited, ISO 13485 certified, and CLIA certified. © 2023 Natera, Inc. All Rights Reserved. EMP_PC_FHQ_20230615_NAT-9000198

If you did not check any boxes above **STOP**

If you did check any boxes , please give us more details BELOW

Checked any of the boxes on the front? If yes, please fill out the next section.

Cancer site	Person (yourself or blood relative's relationship to you)	Approximate age at diagnosis	Side of the family: Mother's	Side of the family: Father's	Relative deceased?
Example: *Breast Cancer*	*Aunt*	*42*	☒	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
Please check the box if any above relative is willing to be tested					☐

If you have never been diagnosed with breast cancer, please complete the following. Your answers may determine if you are eligible for enhanced breast cancer screening.

1. Height ___ft ___in **2.** Weight _____lbs **3.** Have you had children? ☐ Y ☐ N How old were you when you had your first child? _____

4. Approximate age at first menstrual period? ___ **5.** Have you gone through menopause? ☐ Y ☐ N ☐ Ongoing If yes, at approximately what age? ___

6. Are you of Ashkenazi Jewish descent? ☐ Y ☐ N

7. Have you ever used hormone replacement therapy? ☐ Y ☐ N ☐ Ongoing Start date: _____
If yes, what type? ☐ Estrogen ☐ Estrogen+Progesterone ☐ I don't know End date: _____

8. Number of relatives: Sisters: _____ Daughters: _____ Maternal aunts: _____ Paternal aunts: _____ Maternal half-sisters: _____ Paternal half-sisters: _____

9. Have you ever had a breast biopsy? ☐ Y ☐ N If yes, what was the result? ☐ Hyperplasia (no atypia) ☐ Atypical hyperplasia ☐ LCIS ☐ I don't know

10. Have you had your breast density assessed by mammogram? ☐ Y ☐ N ☐ Unknown

If known, complete ONE of the following: ☐ **VAS percentage density** _____-_____% ☐ **Volpara volumetric density** _____-_____%

☐ **BI-RADS ATLAS density:** ☐ Fatty ☐ Average ☐ Heterogeneously dense ☐ Extremely dense ☐ Unknown