



GI Excellence, Inc.

MILAN S CHAKRABARTY, M.D.
SANDRA DEL VALLE, PA-C

TAHIR QASEEM, MD. F.A.C.P., F.A.C.G.
YAHAIRA SANCHEZ, FNP-C

1003 E FLORIDA AVE. SUITE 101
HEMET, CA 92543
PH: (951) 652-2252 FAX: (951) 658-6476

RISK ASSESSMENT FOR COLORECTAL CANCER PREVENTION

In some families, cancer may be due to specific genetic factors. Identifying these hereditary factors can help determine the risk of cancer, and will help us make better recommendations for you and your family.

Have **YOU** or any of your **FAMILY MEMBERS** had any of the following cancer- Colon/Rectal, Uterine/ Endometrial, Ovarian, Stomach, Kidney, Pancreatic, Small Intestine cancer. Your Insurance may be able to cover genetic testing depending on cancer that is in your family history.

Consider all family members including:

Mother, Father, Brother, Sister, Children, Aunt, Uncle, Cousin, Grandmother, and Grandfather

| Type of Cancer | Indicate Maternal or Paternal Family Member | Age at Diagnosis |
|----------------|---|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PLEASE COMPLETE ALL FIELDS

Patient Name _____

Today's Date _____

Date of Birth _____

Physician _____

Phone Number _____

RISK ASSESSMENT FOR COLORECTAL CANCER PREVENTION