

‘Cancer Risk and Prevention Program’ Referral Form

Patient Name: _____ DOB: _____ Phone #: _____

Physician: _____ Phone #: _____ Fax #: _____

Permission to contact patient directly: Yes _____ No _____ Date: _____

Reason for referral is that patient, first-, or second-degree relative was found to have:

- Breast cancer with one of the following:
 - Breast cancer at age ≤ 50
 - Exception: personal history of breast cancer at ANY age meets referral criteria
 - Triple-negative breast cancer at age ≤ 60
 - Bilateral breast cancer
 - Ashkenazi Jewish ancestry
 - Male breast cancer (any age)
- Ovarian cancer (any age)
- Pancreatic cancer (any age)
- Rare cancer/ tumor (any age)
- Prostate cancer with one of the following:
 - Metastatic stage
 - Ashkenazi Jewish ancestry
- All other cancers at age ≤ 49
 - Excluding lymphoma, thyroid, and all skin
- Two or more cancers/ tumors
 - In an individual
 - In two close (1st, 2nd or 3rd degree) relatives on the same side of a family
 - Excluding non-melanoma skin
- Tumor profiling
 - Mutation in a known cancer predisposition gene (excluding *TP53*)
 - Biallelic *CEBPA* mutations per tumor profiling in an individual with acute myeloid leukemia at any age
- Abnormal tumor screening [mismatch repair deficiency by microsatellite instability (MSI) or immunohistochemistry (IHC)]
- One of the following GI polyp histories:
 - >10 adenomas
 - ≥ 5 serrated polyps proximal to the sigmoid
 - ≥ 2 hamartomatous polyps
 - ≥ 2 juvenile polyps
- Anaplastic anemia (at any age)
- Known mutation in *BRCA1/2* or other cancer predisposition gene (patient or any relative)

If caring for a family, please refer individuals who have had cancer before referring relatives.

Please fax this form to: (949) 380-4523 or call us at (949) 452-7201 with questions.