

**Q3/Headwaters BRCA Information Form**

*(please print in ink or type)*

*Return to: Q3 Business Technology Corp, PO Box 15952, Fort Wayne, IN 46885*

<b>Employer/Plan</b>	<b>Employee Name</b>	<b>ID</b>
<b>Patient Name</b>	<b>Date of Birth</b>	<b>Gender (M/F)</b>

**Is the patient of Ashkenazi Jewish Descent?  Yes  No**

***Family History – Family members with breast and/or ovarian cancer***

<b>Name or Code</b>	<b>Relationship to patient (check one)</b>	<b>Cancer (check all that apply)</b>	<b>Age at diagnosis</b>
	<input type="checkbox"/> Mother//Daughter/Sister <input type="checkbox"/> Grandmother/Aunt <input type="checkbox"/> Father/Son/Brother/Grandfather/Uncle	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Bilateral Breast Cancer <input type="checkbox"/> Ovarian Cancer	
	<input type="checkbox"/> Mother /Daughter/Sister <input type="checkbox"/> Grandmother/Aunt <input type="checkbox"/> Father/Son/Brother/Grandfather/Uncle	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Bilateral Breast Cancer <input type="checkbox"/> Ovarian Cancer	
	<input type="checkbox"/> Mother /Daughter/Sister <input type="checkbox"/> Grandmother/Aunt <input type="checkbox"/> Father/Son/Brother/Grandfather/Uncle	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Bilateral Breast Cancer <input type="checkbox"/> Ovarian Cancer	
	<input type="checkbox"/> Mother /Daughter/Sister <input type="checkbox"/> Grandmother/Aunt <input type="checkbox"/> Father/Son/Brother/Grandfather/Uncle	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Bilateral Breast Cancer <input type="checkbox"/> Ovarian Cancer	
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	<input type="checkbox"/> Mother /Daughter/Sister <input type="checkbox"/> Grandmother/Aunt <input type="checkbox"/> Father/Son/Brother/Grandfather/Uncle	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Bilateral Breast Cancer <input type="checkbox"/> Ovarian Cancer	

***Information on this form is to be used to evaluate the medical appropriateness of BRCA testing.***

**Under penalty of fraud, I declare that the above statements and answers are full, complete and true.**

<b>Employee Signature</b>	<b>Date</b>
<b>Patient Signature (if different than employee and at least 18 years old)</b>	<b>Date</b>