



BHRT Checklist For Women

Name: _____ Date: _____

E-Mail: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled Skin				
Hair is Falling Out				
Cold all the time				
Swelling all over the body				
Joint pain				

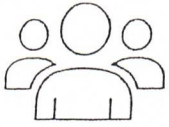
Family History

	NO	YES
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		
Breast Cancer		

Name:

Date Completed:

Date of Birth:



Every day, we're learning how much a person's background can affect their own health, particularly if there's a history of cancer in the family. Family history is important because we know people can inherit an abnormal gene that can affect their risk for developing cancer.

Your answers to the questions below can help us determine if you may have a chance of having an inherited risk for certain cancers.

Please consider your immediate family as well as grandparents, aunts, uncles and cousins:

Check all that apply

Have you or any of your family members been diagnosed with breast cancer before age 50?	
Have you or any of your family members been diagnosed with triple negative (estrogen receptor, progesterone receptor, and HER2 negative) breast cancer?	
Have you or any of your family members been diagnosed with male breast cancer?	
Have you or any of your family members been diagnosed with ovarian, fallopian tube or primary peritoneal cancer?	
Have you or any of your family members been diagnosed with two separate breast cancers (including bilateral breast cancer)?	
When considering the following cancers, are there two or more on the same side of your family? Cancer types to consider: breast, ovarian, pancreatic and/or prostate cancer.	
Are you of Ashkenazi Jewish heritage?*	
Have you or any of your family members been diagnosed with colon cancer before age 50?	
When considering the following cancers, are there two or more on the same side of your family? Cancer types to consider: colon, endometrial (uterine), ureter, kidney, biliary tract, small bowel, pancreatic and/or brain cancer.	
Have you or any family members had 10 or more colon polyps (growths found during a colonoscopy)?	
Is there a known inherited cancer gene mutation in your family (for example, BRCA or Lynch Syndrome)?	

If you have a checkmark for any of the above responses, please turn this page over and fill out the information about your family cancer history on the back. You can share this with your doctor and talk about your cancer risk.

**National guidelines recommend that individuals with Ashkenazi Jewish (AJ) heritage and a family history of breast, ovarian or pancreatic cancer consider genetic testing. However, some studies suggest that testing individuals of AJ heritage regardless of their personal or family history may be beneficial.*

Note: This form is for informational purposes only. Ultimately, you and your doctor will determine the best course of action based on the information you have provided. By answering "No" to all of the above questions does not eliminate risk for hereditary or other cancers.