

# Sonoma County Risk Assessment Project

Dear Patient,

As women, we are all at risk of developing breast cancer. Some of us, however, are at greater risk than others. In order to help women understand and manage their risk, Redwood Regional Medical Group is pleased to announce a new service, the Cancer Risk Assessment Program.

Cancer Risk Assessment is a way to evaluate the risk of developing certain cancers by looking at personal and family history. Using an advanced computer program, women with increased risk of breast and ovarian cancer can be identified, allowing us to recommend the most effective screening and management choices.

We will begin offering the Cancer Risk Assessment Program at the annual mammogram appointment. A simple touch screen computer is used to collect the information. Each woman who completes the assessment will receive a report of the evaluation, as will her referring physician. When a woman is found to be at increased risk, we will suggest that she make an appointment with our cancer risk counselor for further evaluation. Both the initial assessment and the follow-up consultation are **free of charge**.

As mentioned, Cancer Risk Assessment is based on personal and family history. The best assessment is obtained when accurate information is provided. Therefore, before your mammogram, please write down:

- breast problems or operations you have had (for example, a breast biopsy in 1999)
- any blood relatives, male or female, who have had cancer, including **the age they were diagnosed and where the cancer began** (for example, breast, ovary, colon, etc.)

All information provided is completely confidential. If you are interested in having the assessment, please sign below and bring this letter along with your family history to your mammogram appointment. If you have any questions about the Cancer Risk Assessment Program, please feel free to contact me prior to your mammogram.

Sincerely,

Kathleen Mott, RN, MS, WHNP-BC  
Cancer Risk Assessment Program  
707.525.4083

**I would like to have a Cancer Risk Assessment performed at the time of my mammogram.**

Print Name

Signature

Date

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*Sponsored by North Bay Cancer Alliance*