

**Personal and Family History of Cancer**

**Please read this information carefully before completing the attached family history questionnaire.**

We are interested in learning as much as possible about any history of cancer in your family. Information that is necessary when assessing a family history of cancer includes:

- WHO?** Which relatives have had cancer and how are they related to you?
- WHAT?** What type(s) of cancer did the relative have?
- AGE?** How old was the relative when they were diagnosed?

**Instructions:**

- 1) Please fill in the family history form as completely as you can, including relatives who have had cancer AND those who have not.**
- 2) Our assessment of your family history is most accurate if you can provide us with as much detailed information as possible. We encourage you to talk with your family members and to obtain medical records confirming cancer diagnoses whenever possible.**

Have you ever had cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Age and year of diagnosis \_\_\_\_\_

What type of treatment did you have? \_\_\_\_\_

At what hospital were you diagnosed and treated? \_\_\_\_\_

**Your immediate family** (If additional space is needed, please copy this page.)

Name of Individual	Male or Female	Date of birth or age	Date of death or age	Cause of Death	Affected with cancer? If yes, what type of cancer?	Age/date of cancer diagnosis	Does this person have children? If so, ages.
Your children							#Sons _____ #Daughters _____
1.							#Sons _____ #Daughters _____
2.							#Sons _____ #Daughters _____
3.							#Sons _____ #Daughters _____
4.							#Sons _____ #Daughters _____
5.							#Sons _____ #Daughters _____
6.							#Sons _____ #Daughters _____

**Your immediate family** (If additional space is needed, please copy this page.)

Please mark individuals with an \* if a half-sister or half-brother.

Name of Individual	Male or Female	Date of birth or age	Date of death or age	Cause of Death	Affected with cancer? If yes, what type of cancer?	Age/date of cancer diagnosis	Does this person have children?	Have any of their children had cancer? If yes, use space below grid.
Your mother								
Your father								
Your brothers and sisters 1.							#Sons ____ #Daughters ____	
2.							#Sons ____ #Daughters ____	
3.							#Sons ____ #Daughters ____	
4.							#Sons ____ #Daughters ____	
5.							#Sons ____ #Daughters ____	
6.							#Sons ____ #Daughters ____	

**Complete the space below only if any children of individuals listed on this page have had cancer (your nieces and nephews).**

\*            Name of Niece or Nephew                 Name of Parent                 Current Age or Age of Death                 Type of Cancer                 Age at diagnosis

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**Your mother's family** (If additional space is needed, please copy this page.)

Please mark individuals with an \* if a half-sister or half-brother of your mother.

Name of Individual	Male or Female	Date of birth or age	Date of death or age	Cause of Death	Affected with cancer? If yes, what type of cancer?	Age/date of cancer diagnosis	Does this person have children?	Have any of their children had cancer? If yes, use space below grid.
Your grandmother								
Your grandfather								
Your mother's siblings							#Sons ____ #Daughters ____	
1.							#Sons ____ #Daughters ____	
2.							#Sons ____ #Daughters ____	
3.							#Sons ____ #Daughters ____	
4.							#Sons ____ #Daughters ____	
5.							#Sons ____ #Daughters ____	
6.							#Sons ____ #Daughters ____	

**Complete the space below only if any children of individuals listed on this page have had cancer (your first cousins).**

\* Name of Cousin \_\_\_\_\_ Name of Parent \_\_\_\_\_ Current Age or Age of Death \_\_\_\_\_ Type of Cancer \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

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**Your father's family** (If additional space is needed, please copy this page.)

Please mark individuals with an \* if a half-sister or half-brother of your father..

Name of Individual	Male or Female	Date of birth or age	Date of death or age	Cause of Death	Affected with cancer? If yes, what type of cancer?	Age/date of cancer diagnosis	Does this person have children?	Have any of their children had cancer? If yes, use space below grid.
Your grandmother								
Your grandfather								
Your father's siblings 1.							#Sons ____ #Daughters ____	
2.							#Sons ____ #Daughters ____	
3.							#Sons ____ #Daughters ____	
4.							#Sons ____ #Daughters ____	
5.							#Sons ____ #Daughters ____	
6.							#Sons ____ #Daughters ____	

**Complete the space below only if any children of individuals listed on this page have had cancer (your first cousins).**

\* Name of Cousin                      Name of Parent                      Current Age or Age of Death                      Type of Cancer                      Age at diagnosis

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**Other family members who have had cancer** (If additional space is needed, please copy this page.)

List name and relationship to you.	Male or Female	Date of birth or age	Date of death or age	Cause of Death	Affected with cancer? If yes, what type of cancer?	Age/date of cancer diagnosis
1.						
2.						
3.						
4.						
5.						
6.						