

## **FAMILY HISTORY FORM**

**Directions:** Please list **all** of your biological (blood) relatives **below including those who have not had cancer. If someone is deceased, please put an asterisk (\*) in the age column next to the age at death.** Use an additional page if you need extra space. You may not know each piece of information we are asking for. If you are unsure of something, give your best guess and put a question mark (?) next to it. It may be helpful to contact family members who may know additional information, but if this is not possible, we will do our best with the information you can give us. Please call us at 1-800-251-0097 if you have any questions about this form.

<u><b>Relationship to You</b></u>	<u><b>Name or initials</b></u>	<u><b>Current age or age at death (mark* if deceased)</b></u>	<u><b>Date of birth (approximate if unsure)</b></u>	<u><b>Cancer type (s)</b></u> If person has not had cancer, leave blank.	<u><b>Age at cancer diagnosis</b></u>
<u><b>Your Children</b></u>	List your children below. In the first column, circle son or daughter for each child.				
Son / Daughter					
Son / Daughter					
Son / Daughter					
Son / Daughter					
Son / Daughter					
Son / Daughter					
<u><b>Your Brothers and Sisters</b></u>	List each of your brothers and sisters below. If half-sibling, specify which parent you share.				
Brother / Sister					
Brother / Sister					
Brother / Sister					
Brother / Sister					
Brother / Sister					
Brother / Sister					
<u><b>Nieces/Nephews</b></u>	List any of your nephews or nieces <b>IF</b> they have had cancer				
Niece / Nephew					
Niece / Nephew					
Niece / Nephew					
Niece / Nephew					

## MOTHER'S SIDE OF THE FAMILY

<u>Relationship to You</u>	<u>Name or initials</u>	<u>Current age or age at death (mark* if deceased)</u>	<u>Date of birth (approximate if unsure)</u>	<u>Cancer type (s)</u> If person has not had cancer, leave blank.	<u>Age at cancer diagnosis</u>
<b>Mother</b>					
<b>Mother's mother</b>					
<b>Mother's father</b>					
<b>Mother's Brothers/Sisters:</b>	List each of you mother's brothers and sisters (your aunts and uncles) below, even if they did not have cancer. Circle aunt or uncle in the first column for each person.				
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
<b>Cousins</b>	List any cousins on your mother's side <u>who have had cancer</u> . Specify who is his/her parent in the first column, i.e. Alice's daughter.				
<b>Distant Relatives</b>	List more distant relatives (i.e. great-aunts/uncles or great-grandparents) who had cancer. Specify how you are related in the first column, i.e. my mother's father's sister (great-aunt)				

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Today's Date: \_\_\_\_\_

## FATHER'S SIDE OF THE FAMILY

<u>Relationship to You</u>	<u>Name or initials</u>	<u>Current age or age at death (mark* if deceased)</u>	<u>Date of birth (approximate if unsure)</u>	<u>Cancer type (s)</u> If person has not had cancer, leave blank.	<u>Age at cancer diagnosis</u>
<b>Father</b>					
<b>Father's mother</b>					
<b>Father's father</b>					
<b>Father's Brothers/Sisters</b>	List each of you father's brothers and sisters (your aunts and uncles) below, even if they did not have cancer. Circle aunt or uncle in the first column for each person.				
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
Aunt / Uncle					
<b>Cousins</b>	List any cousins on your father's side <u>who have had cancer</u> . Specify who is his/her parent in the first column, i.e. Alice's daughter.				
<b>Distant Relatives</b>	List more distant relatives (i.e. great-aunts/uncles or great-grandparents) who had cancer. Specify how you are related in the first column, i.e. my father's mother's sister (great-aunt)				