

**Directions:** Please list all biological (blood) relatives below including those who have not had cancer. If you are unsure about something, put your best guess with a question mark (?) next to it. It may be helpful to contact family members to get information, but if that is not possible, we will do our best with the information you can provide. Please feel free to call us if you have any questions 603-653-3541. Please complete and mail back to us in the envelope provided with our mailing address (DH-NCCC Familial Cancer Program One Medical Center Drive Lebanon, NH 03756). If you plan to mail your form, please mail it at least 2 weeks prior to your appointment.

**YOUR CHILDREN**

Please Circle:	First Name:	Date of Birth:	Status: (Please circle)	Cancer Type(s):	Age(s) at Cancer Diagnosis:
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		
Son/Daughter			Living/Deceased  Age at death:		

**YOUR SIBLINGS**

<b>Please Circle:</b>	<b>Which parent do you share? (Please circle)</b>	<b>First Name:</b>	<b>Status: (Please circle)</b>	<b>Current Age or Age at Death:</b>	<b>Cancer Type(s):</b>	<b>Age(s) at Cancer Diagnosis:</b>
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			
Brother/Sister	Mother/Father/Both		Living/Deceased			

**MOTHER AND MATERNAL GRANDPARENTS**

<b>Relationship to You</b>	<b>First Name:</b>	<b>Status: (Please circle)</b>	<b>Current Age or Age at Death:</b>	<b>Cancer Type(s):</b>	<b>Age(s) at Cancer Diagnosis:</b>
Mother		Living/Deceased			
Mother's mother		Living/Deceased			
Mother's father		Living/Deceased			

**MATERNAL AUNTS AND UNCLES**

<b>Mother's siblings: (Please Circle)</b>	<b>First Name:</b>	<b>Status: (Please circle)</b>	<b>Current Age or Age at Death:</b>	<b>Cancer Type(s):</b>	<b>Age(s) at Cancer Diagnosis:</b>
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			
Uncle/Aunt		Living/Deceased			

**MATERNAL COUSINS**

**\*Please list any of your maternal cousins who have had cancer below:**

<b>First Name:</b>	<b>First name of parent: (your aunt or uncle)</b>	<b>Status: (Please circle)</b>	<b>Current Age or Age at Death:</b>	<b>Cancer Type(s):</b>	<b>Age(s) at Cancer Diagnosis:</b>
		Living/Deceased			
		Living/Deceased			
		Living/Deceased			
		Living/Deceased			



**PATERNAL COUSINS**

**\*Please list any of your paternal cousins who have had cancer below:**

<b>First Name:</b>	<b>First name of parent: (your aunt or uncle)</b>	<b>Status: (Please circle)</b>	<b>Current Age or Age at Death:</b>	<b>Cancer Type(s):</b>	<b>Age(s) at Cancer Diagnosis:</b>
		Living/Deceased			
		Living/Deceased			
		Living/Deceased			
		Living/Deceased			