

Name: _____

MRN: _____

Cancer Family History Questionnaire

Please fill out this form with information about:

ALL your relatives (those who have had cancer and those who have not)
 BOTH sides of your family (your mother's and father's side)

For relatives who have had cancer:

Please tell us what type of cancer (the part of the body where the cancer first started), and the age when the relative was first diagnosed with cancer. Also, if the person had more than one cancer tumor, please tell us that too.

Complete this questionnaire to the best of your ability. Ask your relatives for help.

Bring completed questionnaire and copies of any medical records you have obtained to the appointment if possible.

YOUR BIOLOGICAL PARENTS

FIRST NAME	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
Mother	A / D		Y / N / Unknown		
Father	A / D		Y / N / Unknown		

YOUR BIOLOGICAL GRANDPARENTS

FIRST NAME	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
Mother's Mother	A / D		Y / N / Unknown		
Mother's Father	A / D		Y / N / Unknown		
Father's Mother	A / D		Y / N / Unknown		
Father's Father	A / D		Y / N / Unknown		

YOUR BIOLOGICAL BROTHERS AND SISTERS (include full and half siblings)

NAME	Sex	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		

YOUR BIOLOGICAL CHILDREN

NAME	Sex	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		

Mother's Side: YOUR MATERNAL AUNTS AND UNCLES

NAME	Sex	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		

Father's Side: YOUR PATERNAL AUNTS AND UNCLES

NAME	Sex	Alive or Deceased	Current Age or Age At Death	EVER HAD CANCER?	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		
	M / F	A / D		Y / N / Unknown		

**USE THIS SECTION TO LIST THOSE RELATIVES NOT PREVIOUSLY LISTED WITH CANCER
THIS SHOULD INCLUDE NIECES/NEPHEWS, COUSINS, GREAT GRANDPARENTS, ETC.**

RELATIONSHIP	NAME	Sex	Alive or Deceased	Current Age or Age At Death	Age at Cancer Diagnosis	TYPE OF CANCER(S) (BREAST, COLON, LUNG, ETC.)
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			
		M / F	A / D			