

## Cancer Family History Questionnaire

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Have you ever been diagnosed with cancer?  Yes  No

Have you or any of your relatives ever had genetic testing?  Yes  No

Any follow-up? Please give details:

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### Biological Family History:

Please fill out the following information where it applies to your biological family only.

	Type(s) of Cancer	Age(s) at Diagnosis	Current Age
<b>You</b>			

Immediate Family	Total Number	Number with Cancer	Type(s) of Cancer	Age(s) at Diagnosis	Current Age	Age at Death
<b>Your Daughter(s)</b>						
<b>Your Son(s)</b>						
<b>Your Brother(s)</b>						
<b>Your Sister(s)</b>						

PATERNAL RELATIVES	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s)	Age(s) at Death	Ethnicity
<b>Your Father</b>					
<b>Your Father's Father</b>					

<b>Your Father's Mother</b>						
	<b>Total Number</b>	<b>Number with Cancer</b>	<b>Type(s) of Cancer</b>	<b>Age(s) at Diagnosis</b>	<b>Current Age(s)</b>	<b>Age(s) at Death</b>
<b>Your Father's Sister(s)</b>						
<b>Your Father's Brother(s)</b>						
<b>Paternal Cousin(s)</b>						
<b>Half-Brother(s) or Sister(s) from your Father</b>						

<b>MATERNAL RELATIVES</b>	<b>Type(s) of Cancer</b>		<b>Age(s) at Diagnosis</b>	<b>Current Age(s)</b>	<b>Age(s) at Death</b>	<b>Ethnicity</b>
<b>Your Mother</b>						
<b>Your Mother's Father</b>						
<b>Your Mother's Mother</b>						
	<b>Total Number</b>	<b>Number with Cancer</b>	<b>Type(s) of Cancer</b>	<b>Age(s) at Diagnosis</b>	<b>Current Age(s)</b>	<b>Age(s) at Death</b>
<b>Your Mother's Sister(s)</b>						
<b>Your Mother's Brother(s)</b>						
<b>Maternal Cousin(s)</b>						
<b>Half-Brother(s) or Sister(s) from your Mother</b>						

**Other Relatives**

<b>Relationship to you (i.e. niece, nephew, half-sibling, etc)</b>	<b>Type(s) of Cancer</b>	<b>Age(s) at Diagnosis</b>	<b>Current Age(s)</b>	<b>Age(s) at Death</b>

Additional Notes:

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