



## Family History Questionnaire

Please answer all questions about **every** family member **including those who do not have cancer**. If unknown write unknown. If not applicable, write N/A. Use additional pages if you need extra space. If you are unsure of something, give your best guess and put a (?) next to it

Name \_\_\_\_\_ DOB \_\_\_\_\_ appointment date \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Your Referring Physician

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

### Personal History

Have you ever been diagnosed with cancer? YES \_\_\_\_\_ NO \_\_\_\_\_

Type of cancer \_\_\_\_\_ age at diagnosis \_\_\_\_\_

Type of cancer \_\_\_\_\_ age at diagnosis \_\_\_\_\_

Other health issues, chronic conditions, diseases, illnesses, major surgeries \_\_\_\_\_

List medications that you are currently on or attach a list \_\_\_\_\_

List allergies to medications only \_\_\_\_\_

Do you smoke? YES \_\_\_ NO \_\_\_ Do you have a history of smoking? YES \_\_\_ NO \_\_\_

Have you or anyone in your family ever had genetic testing? YES \_\_\_ NO \_\_\_

If so who, explain relationship \_\_\_\_\_ what type of testing? \_\_\_\_\_

### Your Children

Please answer **all** questions below to include **all** of your children **even if they do not have cancer**

Son = S Daughter = D (circle one) and indicate how many children each of them have.

#### Example:

**Name: Mary (S or D) Age 15 Age deceased N/A cancer type N/A cause of death N/A # sons 0 # daughters 0**

Name \_\_\_\_\_ (S or D) Age \_\_\_\_\_ or Age deceased \_\_\_\_\_ cancer type \_\_\_\_\_  
Age diagnosed \_\_\_\_\_ cause of death \_\_\_\_\_ # of Sons \_\_\_\_\_ # of daughters \_\_\_\_\_

Name \_\_\_\_\_ (S or D) Age \_\_\_\_\_ or Age deceased \_\_\_\_\_ cancer type \_\_\_\_\_  
Age diagnosed \_\_\_\_\_ cause of death \_\_\_\_\_ # of Sons \_\_\_\_\_ # of daughters \_\_\_\_\_

Name \_\_\_\_\_ (S or D) Age \_\_\_\_\_ or Age deceased \_\_\_\_\_ cancer type \_\_\_\_\_  
Age diagnosed \_\_\_\_\_ cause of death \_\_\_\_\_ # of sons \_\_\_\_\_ # of daughters \_\_\_\_\_

Name \_\_\_\_\_ (S or D) Age \_\_\_\_\_ or Age deceased \_\_\_\_\_ cancer type \_\_\_\_\_  
Age diagnosed \_\_\_\_\_ cause of death \_\_\_\_\_ # of sons \_\_\_\_\_ # of daughters \_\_\_\_\_

Name \_\_\_\_\_ (S or D) Age \_\_\_\_\_ or Age deceased \_\_\_\_\_ cancer type \_\_\_\_\_  
Age diagnosed \_\_\_\_\_ cause of death \_\_\_\_\_ # of sons \_\_\_\_\_ # of daughters \_\_\_\_\_

## Your Parents

**Mother:** Nationality \_\_\_\_\_ Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

**Father:** Nationality \_\_\_\_\_ Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

## Your Grandparents

**Your Maternal Grandmother (mother's mother):** Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

**Your Maternal Grandfather (mother's father):** Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

**Your Paternal Grandmother (father's mother):** Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

**Your Paternal Grandfather (father's father):** Age \_\_\_\_\_ If deceased, at what age \_\_\_\_\_  
Types of cancer \_\_\_\_\_ Age diagnosed \_\_\_\_\_ Cause of death \_\_\_\_\_

## Your Siblings

**# of Full Brothers:** \_\_\_\_\_ **# of Full sisters:** \_\_\_\_\_  
**# of Half brothers:** \_\_\_\_\_ With same mom? \_\_\_\_\_ or With same dad? \_\_\_\_\_  
**# of Half sisters:** \_\_\_\_\_ With same mom? \_\_\_\_\_ or With same dad? \_\_\_\_\_

Answer **all** questions below to include **all** brothers and sister **even if they did not have cancer.**

*B= Brother S= Sister (circle one) S= Son D= Daughter (# of sons and daughters that sibling has)*

*Write "half" in front of half sibling's names and either mom or dad to indicate which parent you share.*

**Example: Name Tom (B or S) age 28 Cancer type None Age at diagnosis N/A cause of death N/A # S 2 # D 1**

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

Name \_\_\_\_\_ (B or S) Age \_\_\_\_\_ Age deceased \_\_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_\_  
cause of death \_\_\_\_\_ # S \_\_\_\_\_ # D \_\_\_\_\_

## Maternal Aunts and Uncles

(Your mom's brothers and sisters)

Number of maternal aunts: \_\_\_\_\_ Number of maternal uncles \_\_\_\_\_

Answer **all** questions below to include **all** maternal aunts and uncles even if they did not have cancer .

U= Uncle A= Aunt (circle one) S= Son D = Daughter (# of sons and daughters that person has)

### Example:

**Name Sally (U or A) Age 68 Cancer type breast cancer Age at diagnosis 45 cause of death N/A #S 3 # D 2**

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ #S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

## Paternal Aunts and Uncles

(Your dad's brothers and sisters)

Number of paternal aunts: \_\_\_\_\_ Number of paternal uncles \_\_\_\_\_

Answer **all** questions below to include **all** maternal aunts and uncles even if they did not have cancers.

U= Uncle A= Aunt (circle one) S= Son D = Daughter (# of sons and daughters that person has)

### Example:

**Name Fred (U or A) Age 75 Cancer Type Colon cancer Age diagnosed 75 Cause of death N/A # S 2 # D 2**

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ #S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ #S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ (U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

Name \_\_\_\_\_ ( U or A) Age \_\_\_\_ Age deceased \_\_\_\_ Cancer type \_\_\_\_\_ Age diagnosed \_\_\_\_  
Cause of death \_\_\_\_\_ # S \_\_\_\_ # D \_\_\_\_

