

Cancer Family History Questionnaire

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

Please give details about the results and provide a copy:

Please fill in the following information for ALL biological relatives, WITH and WITHOUT cancer.
Please print additional pages or continue on the back if needed. **Approximate information is fine.**

If any member of your family is transgender or non-binary, please make a note at the end of the questionnaire so that we can assess organs at risk for cancer.

	Type(s) of Cancer	Age(s) at Diagnosis	Current Age
You			

Immediate Family	Total Number	Number with Cancer	Type(s) of Cancer	Age(s) at Diagnosis	Current Age	Age at Death
<i>Example: Your Daughter(s)</i>	3	1	Leukemia	5 →	40 37 35	
Your Daughter(s)						
Your Son(s)						
Your Brother(s)						
Your Sister(s)						

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

Maternal Relatives	Type(s) of Cancer		Age(s) at Diagnosis	Current Age	Age at Death	Ethnicity
Your Mother						
Your Mother's Father						
Your Mother's Mother						

	Total Number	Number with Cancer	Type(s) of Cancer	Age(s) at Diagnosis	Current Age	Age at Death
Your Mother's Sister(s)						
Your Mother's Brother(s)						
Maternal Cousin(s)						
Half-Brother(s) or Sister(s) from your Mother						

OTHER RELATIVES

Relationship to you (i.e. niece, nephew, etc.)	Type(s) of Cancer	Age(s) at Diagnosis	Current Age	Age at Death

Additional Notes:
