



# FAMILY HISTORY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## HEREDITARY CANCER CLINIC

Family Member	Sex	Age	Cancer? Type?	Age at diagnosis	Genetic testing?	Deceased?	Age at death
<b>Me</b>							
Child							
Child							
Child							
Child							
Sibling*							
Sibling*							
Sibling*							
Sibling*							
Sibling*							

\*Full siblings (same father and mother as you). List half siblings on the back of this page

FATHER'S ANCESTRY: \_\_\_\_\_ (Example: White, Black, Hispanic, etc.)

Family Member	Sex	Age	Cancer? Type?	Age at diagnosis	Genetic testing?	Deceased?	Age at death
<b>Father</b>	M						
Sibling (father's)							
Sibling							
Sibling							
Sibling							
Sibling							
Grandfather							
Grandmother							

MOTHER'S ANCESTRY: \_\_\_\_\_ (Example: White, Black, Hispanic, etc.)

Family Member	Sex	Age	Cancer? Type?	Age at diagnosis	Genetic testing?	Deceased?	Age at death
<b>Mother</b>	F						
Sibling (mother's)							
Sibling							
Sibling							
Sibling							
Sibling							
Grandfather							
Grandmother							

### NOTES

1. Common hereditary tumor types: breast or prostate at  $\leq 45$ , ovarian, endometrial/uterine, pancreas, colon
2. Skin cancers other than melanoma are rarely hereditary and can be left off this list
3. These tumors are commonly confused: ovarian/endometrial/uterine/ cervical. Ask family members about the details
4. If genetic testing has been performed, try to bring the printed report
5. If there are other notable cancer cases in the family, write them down here: