



# Hereditary Cancer Screening and Risk Reduction Program Personal and Family History of Cancer Form

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

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

### Directions:

List all family members, including those with and without cancer. If an exact age is not known, give an approximate age or age range. Use an additional page if you need extra space. You may not know each piece of information. If you are unsure of something, give your best guess. It may be helpful to contact family members who may know additional information. Bring this form to your appointment for genetic counselling/testing.

### Background:

What is your family's ancestry/ethnic background (part of the world your family originally came from)?

Mother's side: \_\_\_\_\_ Father's side: \_\_\_\_\_

Is your family Ashkenazi Jewish? (circle your answer): Yes No Not sure

Has anyone in your family married a blood relative?: Yes No Not sure

If yes, list which relatives and explain how they are related:

\_\_\_\_\_

Has anyone in your family ever had genetic testing?: Yes No Not sure

If yes, Explain:

\_\_\_\_\_

### Your Own History:

Cancer	Age at diagnosis

Have you ever had a colonoscopy?: Yes No  
When was it done?:

Doctor:

Any polyps removed? How many?:

### Female Patients only:

Age of your first period:

Have you ever had a breast biopsy? (circle your answer): Yes No

Have you ever taken hormone replacement therapy?: Yes No

**Your Children:** List your children below. Indicate if they have different parents

Relationship to you (circle your answer)	Age	Cancer Type(s)	Age at cancer diagnosis	Age of Death
Son / Daughter				
Son / Daughter				
Son / Daughter				
Son / Daughter				
Son / Daughter				
Son / Daughter				
Son / Daughter				

**Your Brothers and Sisters:** List all your siblings. If half-sibling, specify which parent you share (example: Same Mother or same Father)

Relationship to you (circle your answer)	Age	Cancer Type(s)	Age at cancer diagnosis	Age of Death
Brother / Sister				
Brother / Sister				
Brother / Sister				
Brother / Sister				
Brother / Sister				
Brother / Sister				
Brother / Sister				
Brother / Sister				

**Your Nieces/Nephews:** List any of your nieces or nephews **IF** they have/had cancer.

Relationship to you (circle your answer)	Age	Cancer Type(s)	Age at cancer diagnosis	Age of Death
Niece / Nephew				
Niece / Nephew				
Niece / Nephew				

**Your Mother's Family**

Relationship to you	Age	Cancer Type(s)	Age at cancer diagnosis	Age of Death
Mother				
Grandmother				
Grandfather				

**Mother's Brothers/Sisters:** List each of you mother's brothers and sisters (your aunts and uncles) below, even if they did not have cancer. Circle aunt or uncle in the first column for each person.

Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				

**Cousins** List any cousins on your mother's side who have/had cancer. Specify who is his/her parent in the first column, i.e. Alice's daughter


**List more distant relatives** (i.e. great-aunts/uncles or great-grandparents) who had cancer. Specify how you are related in the first column, i.e. my mother's father's sister (great-aunt)


**Your Father's Family**

Relationship to you	Age	Cancer Type(s)	Age at cancer diagnosis	Age of Death
Father				
Grandmother				
Grandfather				
<b>Father's Brothers/Sisters:</b> List each of you father's brothers and sisters (your aunts and uncles) below, even if they did not have cancer. Circle aunt or uncle in the first column for each person.				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
Aunt / Uncle				
<b>Cousins</b> List any cousins on your father's side who have/had cancer. Specify who is his/her parent in the first column, i.e. Alice's daughter				
<b>List more distant relatives</b> (i.e. great-aunts/uncles or great-grandparents) who had cancer. Specify how you are related in the first column, i.e. my mother's father's sister (great-aunt)				