



NEW ENGLAND Cancer Specialists

FAMILY HISTORY OF CANCER

You are receiving this form because we would like to learn more about your cancer family history.

By filling out the next few pages you will help us evaluate your hereditary cancer risk. When certain combinations of cancer types occur in a family, it can be due to a hereditary factor (something that can be passed down in families).

We are interested in **ANY** cancer in **ANY** blood relative. If you are not sure about cancer types or ages of diagnosis, **please provide your best guess.**

1. For each relative, fill in the first name and as much of the requested information as possible
2. Include all blood relatives, even if they are no longer living
3. For family members who have had cancer, the **type of cancer** and the **age when they were diagnosed** is very important. If you do not know the exact age, write in an approximate age (for example 60's-70's). If you are unsure what type of cancer a relative had, please report what you think the diagnosis was.

We understand that this information can be hard to collect, so just do your best and we will work with the information you are able to give us. Your time and effort in this process is greatly appreciated.

Thank You!

FAMILY HISTORY OF CANCER FORM

Personal Information

Your Full Name: _____

Birthdate: __/__/__

Primary Care Physician: _____

Referring Physician (if different from above): _____

Your Ancestry/Ethnicity: (Where your family came from. For example: English, African, Eastern European, French, Native American, Middle Eastern, Korean, Mexican etc.)

We ask this question because certain ethnic groups have an increased risk for specific types of cancer.

Your Father's Nationality/Ethnicity: _____ Your Mother's Nationality/Ethnicity: _____

Do you have Jewish Ancestry? Yes / No If yes, which side of your family is Jewish? _____

Your Family Size and Structure

How many children do (or did) you have? _____

How many brothers do (or did) you have? _____

How many brothers does (or did) your father have? _____

How many brothers does (or did) your mother have? _____

Sisters? _____

Sisters? _____

Sisters? _____

YOUR PARENTS AND SIBLINGS

First Name (Your Biological Parents)	Living, deceased, or unknown	If Living, Estimated Age	If deceased, age of death and cause of death	Any Cancer? Yes/No/Unknown	Type of Cancer	Approximate age at cancer diagnosis
Your Father			age:			
Your Mother			age:			

Your Siblings (brothers and sisters) **If you have half-siblings or more than 6 siblings. Please note them on the page for additional relatives.*

1.	M / F						
			age:				
2.	M / F						
			age:				
3.	M / F						
			age:				
4.	M / F						
			age:				
5.	M / F						
			age:				
6.	M / F						
			age:				

YOUR CHILDREN

First Name	Living, deceased, or unknown	If Living, Estimated Age	If deceased, age of death and cause of death	Any Cancer? Yes/No/Unknown	Type of Cancer	Approximate age at cancer diagnosis
1.	M / F		age:			
2.	M / F		age:			
3.	M / F		age:			
4.	M / F		age:			
5.	M / F		age:			
6.	M / F		age:			

YOUR FATHER'S FAMILY (PATERNAL)

First Name	Living, deceased, or unknown	If Living, Estimated Age	If deceased, age of death and cause of death	Any Cancer? Yes/No/Unknown	Type of Cancer	Approximate age at cancer diagnosis
Father's Father			age:			
Father's Mother			age:			

Paternal Aunts and Uncles (your father's sisters and brothers)

1.	M / F		age:			
2.	M/ F		age:			
3.	M / F		age:			
4.	M/ F		age:			
5.	M / F		age:			
6.	M/ F		age:			

YOUR MOTHER'S FAMILY (MATERNAL)

First Name	Living, deceased, or unknown	If Living, Estimated Age	If deceased, age of death and cause of death	Any Cancer? Yes/No/Unknown	Type of Cancer	Approximate age at cancer diagnosis
Mother's Father			age:			
Mother's Mother			age:			

Maternal Aunts and Uncles (your mother's sisters and brothers)

1.	M / F		age:			
2.	M/ F		age:			
3.	M / F		age:			
4.	M/ F		age:			
5.	M / F		age:			
6.	M/ F		age:			

ANY OTHER RELATIVES WITH CANCER?

(cousins, nieces/nephews, half-siblings, great-grandparents, etc)

Relative's first name	What side of the family?	Relationship to you	Their parent's name	Living, deceased, or unknown	If living, approximate age	If deceased, age of death & cause of death	Any Cancer? (Yes/No/Unknown)	Type of Cancer	Approximate age at diagnosis
1.	M / F								
2.	M/ F					age:			
3.	M / F					age:			
4.	M/ F					age:			
5.	M / F					age:			
6.	M/ F					age:			
7.	M / F					age:			
8.	M / F					age:			