

Cancer Family History Questionnaire



cancer.org | 1.800.227.2345

NAME _____

DOB _____

Have you ever been diagnosed with cancer? Yes No

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

Any follow-up? Please give details:

Biological Family History:

Please fill out the following information where it applies to your biological family only.

	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
Your Daughter(s)						
Your Son(s)						
Your Brother(s)						
Your Sister(s)						

PATERNAL RELATIVES	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s)	Age(s) 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(s)	Age(s) 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(s)	Age(s) 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(s)	Age(s) 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, halfsibling, etc.)	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s)	Age(s) at Death

Additional Notes:
