

1. You, Your Parents, & Your Grandparents

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and current age	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , <u>significant environmental exposures</u> , etc.
YOU: First Name: Last Name: Maiden Name: Other Names:						First: Second: Third:			
YOUR MOTHER: First Name: Last Name: Maiden Name:						First: Second: Third:			
YOUR FATHER: First Name: Last Name:						First: Second: Third:			
YOUR MOTHER'S MOTHER : First Name: Last Name: Maiden Name:						First: Second: Third:			
YOUR MOTHER'S FATHER : First Name: Last Name:						First: Second: Third:			
YOUR FATHER'S MOTHER : First Name: Last Name: Maiden Name:						First: Second: Third:			
YOUR FATHER'S FATHER : First Name: Last Name:						First: Second: Third:			
Additional Notes:									

2. Your Children

Please write the name of the other parent, if different from your current spouse

YOUR CURRENT SPOUSE

Full

Name: _____ Age: _____

Does he/she have a personal and/or family history of cancer? (specify): _____

YOUR FORMER SPOUSE(S) (if he/she is the parent of any of your children)

Full Name(s): _____ Age: _____

Does he/she have a personal and/or family history of cancer? (specify): _____

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr <u>and</u> <u>current</u> <u>age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (Where the cancer BEGAN in the body) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre-cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , <u>significant environmental exposures</u> , etc.
Your Child # 1: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			
Your Child # 2: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			
Your Child # 3: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			
Your Child # 4: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			
Your Child # 5: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			
Your Child # 6: Circle: <i>Male</i> <i>Female</i> First Name: Last Name: Name of Other Parent:						First: Second: Third:			

Additional Notes:

3. Your Full Sisters and Brothers

(siblings with whom you share the same mother and father)

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and current age	Living ? Yes or No	Year of death and age at death	Cause of death	Has or had cancer ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	Age at diagnosis	Where diagnosed? (Hospital, City)	Please note any pre cancerous findings (e.g. POLYPS), operations (e.g. ovaries removed), unusual features, significant environmental exposures, etc.
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			
Sister or Brother First Name: Last Name:						First: Second: Third:			

4. Your HALF Sisters and Brothers

Please indicate whether you share the same father or mother. Please note the name of the parent you do not share.

YOUR HALF-SISTERS' and/or HALF-BROTHERS' OTHER PARENT (the parent you do not share with them)

Full Name: _____ **Age:** _____ **Circle one: Male Female**

Does he/she have a personal and/or family history of cancer? (specify):

OTHER HALF-SISTERS' and/or HALF-BROTHERS' OTHER PARENT (the parent you do not share with them)

Full Name: _____ **Age:** _____ **Circle one: Male Female**

Does he/she have a personal and/or family history of cancer? (specify):

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr <u>and</u> <u>current</u> <u>age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer?</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures, etc.</u>
Half-Sister or -Brother: First Name: Last Name: Half through (circle): Mother Father Name of Other Parent:						First:			
						Second:			
						Third:			
Half-Sister or -Brother: First Name: Last Name: Half through (circle): Mother Father Name of Other Parent:						First:			
						Second:			
						Third:			
Half-Sister or -Brother: First Name: Last Name: Half through (circle): Mother Father Name of Other Parent:						First:			
						Second:			
						Third:			
Half-Sister or -Brother: First Name: Last Name: Half through (circle): Mother Father Name of Other Parent:						First:			
						Second:			
						Third:			
Half-Sister or -Brother: First Name: Last Name: Half through (circle): Mother Father Name of Other Parent:						First:			
						Second:			
						Third:			

Additional Notes:

7. Your Aunts and Uncles on Your MOTHER'S Side

If any are half-sisters/brothers to your mother, please note whether she shares the sammother *or* father with them.

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr <u>and</u> <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , <u>significant environmental exposures</u> , etc.
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			

Additional Notes:

8. Your Aunts and Uncles on Your FATHER'S Side

If any are half-sisters/brothers to your father, please note whether he shares the same mother or father with them.

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr <u>and</u> <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , <u>significant environmental exposures</u> , etc.
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			
Your Aunt or Uncle: First Name: Last Name: Maiden Name:						First: Second: Third:			

Additional Notes:

5. Your NIECES and NEPHEWS

(children of your sisters and brothers) **Please note which of your sisters or brothers is the parent.**

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			

Additional Notes:

6. Your NIECES and NEPHEWS *Continued...*

Please note which of your sisters or brothers is the parent.

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and current age	<u>Living ?</u> Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer ?</u> Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	Please note any <u>pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Your Niece or Nephew: First Name: Last Name: Maiden Name: Name of parent:						First: Second: Third:			
Additional Notes:									

9. Your COUSINS On Your MOTHER'S Side

(children of your aunts and uncles) **Please note which of your aunts or uncles is the parent.**

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			

Additional Notes:

10. Your COUSINS On Your MOTHER'S Side *Continued...*

(children of your aunts & uncles) **Please note which of your aunts or uncles is the parent.**

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any precancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			

Additional Notes:

11. Your COUSINS On Your FATHER'S Side

(children of your aunts & uncles) **Please note which of your aunts or uncles is the parent.**

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			

Additional Notes:

12. Your COUSINS On Your FATHER'S Side *Continued...*

(children of your aunts & uncles) **Please note which of your aunts or uncles is the parent.**

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living</u> ? Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer</u> ? Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diag- nosis</u>	<u>Where diagnosed?</u> (Hospital, City)	<u>Please note any pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , significant <u>environmental exposures</u> , etc.
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			
<i>Cousin: Male or Female</i> First Name: Last Name: Maiden Name: Name of Parent:						First: Second: Third:			

Additional Notes:

13. OTHER RELATIVES DIAGNOSED WITH CANCER

Please note exactly how you are related (through which relatives)

Name: (LAST NAME, FIRST NAME, Maiden Name)	<u>Date of Birth:</u> mo/day/yr and <u>current age</u>	<u>Living ?</u> Yes or No	<u>Year of death and age at death</u>	<u>Cause of death</u>	<u>Has or had cancer ?</u> Yes or No	<u>Type of Cancer</u> (<i>Where the cancer BEGAN in the body</i>) Note details of diagnosis if you know them (for example, 'Breast: DCIS')	<u>Age at diagnosis</u>	<u>Where diagnosed?</u> (Hospital, City)	Please note any <u>pre cancerous findings</u> (e.g. POLYPS), <u>operations</u> (e.g. ovaries removed), <u>unusual features</u> , <u>significant environmental exposures</u> , etc.
How Related to You: Circle: Male or Female First Name: Last Name: Maiden Name: Parents' Names:						First: Second: Third: 			
How Related to You: Circle: Male or Female First Name: Last Name: Maiden Name: Parents' Names:						First: Second: Third: 			
How Related to You: Circle: Male or Female First Name: Last Name: Maiden Name: Parents' Names:						First: Second: Third: 			
How Related to You: Circle: Male or Female First Name: Last Name: Maiden Name: Parents' Names:						First: Second: Third: 			
Additional Notes: 									
<u>Please let us know your main questions and concerns</u> 									