

Cancer Family History Questionnaire

Personal Information: Patient Name:					DOB:			
Gender:					AGE:			
Please mark below if there is a personal or family history of any of the following cancers. If yes, then indicate family relationship and age at diagnosis in the appropriate column.								
Cancer	You	Age at Diagnosis	Siblings/Children	Age at Diagnosis	Mother's side	Age at Diagnosis	Father's side	Age at Diagnosis
For example Colon/rectal	None	-----	Brother	36 yrs	Aunt Cousin	44yrs 58 yrs	Grandfather	65 yrs
Breast								
Ovarian, peritoneal or fallopian tube								
Breast cancer in both breasts or multiple primary breast cancers								
Pancreatic Or Aggressive Prostate								
Endometrial or uterine								
Colon or Rectal								
10 or more lifetime colon/rectal polyps								
Stomach (gastric) or Small bowel								
Kidney, urinary tract or bladder								
Biliary tract or Gallbladder								
Brain								
Melanoma								

