

Patient Name _____

Date _____

Please complete as much information as possible about your personal history of cancer (if any) and your family's history of cancers of any type. Medical records are extremely helpful if available. Specific diagnosis may be found on pathology records or for deceased family members, may be found on county records of death certificates.

Patient's Cancer History Information:

Patient's Full Name	Date of Birth	Type of Cancer (s) (e.g. breast, colon, none)	Age(s) at Cancer Diagnosis

If applicable, please list the first names and ages of all your **children**. List any cancer history if applicable: (List additional information on reverse if needed)

First Name	Current Age/Age at Death (please indicate if deceased)	Type of Cancer(s) (e.g. breast, colon, none)	Age(s) at Cancer Diagnosis

If applicable, please list the first names and ages of all your **siblings (brothers and sisters)**. Include any cancer history, if applicable. (List additional information on reverse if needed)

First Name	Current Age/Age at Death (please indicate if deceased)	Type of Cancer(s) (breast, colon, none, etc)	Age(s) at Cancer Diagnosis

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Please list ages and cancer history of your **parents**:

	Current Age/Age at Death (please indicate if deceased)	Type of Cancer(s) (breast, colon, none, etc)	Age(s) at Cancer Diagnosis
Mother			
Father			

Please list ages and cancer history of your **grandparents**:

First Name	Current Age/Age at Death (please indicate if deceased)	Type of Cancer(s) (breast, colon, none, etc)	Age(s) at Cancer Diagnosis
Maternal grandmother			
Maternal grandfather			
Paternal grandmother			
Paternal grandfather			

If applicable, please list the first names, ages, and cancer history of any **aunts, uncles, cousins**:

First Name	Relationship (aunt, uncle, cousin)	Type of Cancer	Age at Cancer Diagnosis

Has any person who was diagnosed with cancer had genetic testing for a cancer gene (such as BRCA1 and BRCA2)? _____ **If yes, then you must bring a copy of their genetic test results to your appointment with you.**

Please list any other information you feel is important or any questions/concerns you have:
