

FAMILY HISTORY FORM



Instructions:

Please fill in the information for ALL family members, regardless of cancer diagnosis, making sure to check the equivalent sex. If you want to add more relatives please use a new form. If a family member has passed away, please add a "d" in front of the age of death, for example d.79. **Please fill in the form for BOTH the father's and the mother's side of the family.**

Date:

Referral Physician:

.....

Patient's name:

.....

Lab Barcode:

Patient	<i>Positive</i>	<i>Negative</i>
Er:	<input type="radio"/>	<input type="radio"/>
Pr:	<input type="radio"/>	<input type="radio"/>
HER-2:	<input type="radio"/>	<input type="radio"/>
	<i>No</i>	<i>Yes</i>
IVF:	<input type="radio"/>	<input type="radio"/>
<i>If yes:</i>		
Age of 1st Cycle	.....
Date of last Cycle	.....	No of Cycles

Father's Family (Country of Origin/Ethnicity):

Your Grandmother

Current age:

Age of diagnosis:

Type of Cancer:

Your Grandfather

Current age:

Age of diagnosis:

Type of Cancer:

	<i>Your Aunt/Uncle</i>	<i>Your Aunt/Uncle</i>	<i>Your Aunt/Uncle</i>	<i>Your Father</i>
Current age:	.....	.....	.....	.....
Age of diagnosis:	.....	.....	.....	.....
Type of Cancer:	.....	.....	.....	.....

Mother's Family (Country of Origin/Ethnicity):

Your Grandmother

Current age:

Age of diagnosis:

Type of Cancer:

Your Grandfather

Current age:

Age of diagnosis:

Type of Cancer:

	<i>Your Aunt/Uncle</i>	<i>Your Aunt/Uncle</i>	<i>Your Aunt/Uncle</i>	<i>Your Mother</i>
Current age:	.....	.....	.....	.....
Age of diagnosis:	.....	.....	.....	.....
Type of Cancer:	.....	.....	.....	.....

Your Husband or Spouse	You	Your Sister or Brother	Your Sister or Brother
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Current age:
Age of diagnosis:
Type of Cancer:

Son or Daughter	Son or Daughter	Son or Daughter	Son or Daughter
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Current age:
Age of diagnosis:
Type of Cancer:

Physician's Signature

