



Name (First Last): \_\_\_\_\_

Date of Birth (Day Month Year): \_\_\_\_\_

**\*\*For any relatives with cancer, please also complete the table below\*\***

**Your Children**

*Has anyone had cancer?*

Number of biological daughters: \_\_\_\_\_  NO  YES

Number of biological sons: \_\_\_\_\_  NO  YES

**Your Brothers and Sisters**

*Has anyone had cancer?*

Number of full sisters: \_\_\_\_\_  NO  YES

Number of full brothers: \_\_\_\_\_  NO  YES

Number of nieces: \_\_\_\_\_  NO  YES

Number of nephews: \_\_\_\_\_  NO  YES

Number of half-sisters: \_\_\_\_\_ Same mom or same dad? \_\_\_\_\_  NO  YES

Number of half-brothers: \_\_\_\_\_ Same mom or same dad? \_\_\_\_\_  NO  YES

**Mother's Side**

*Has anyone had cancer?*

Mother: Is she living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Grandmother: Is she living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Grandfather: Is he living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Aunts: How many do you have? \_\_\_\_\_  NO  YES

Uncles: How many do you have? \_\_\_\_\_  NO  YES

Cousins: How many do you have? \_\_\_\_\_  NO  YES

**Father's Side**

*Has anyone had cancer?*

Father: Is he living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Grandmother: Is she living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Grandfather: Is he living?  YES  NO Age or age at death: \_\_\_\_\_  NO  YES

Aunts: How many do you have? \_\_\_\_\_  NO  YES

Uncles: How many do you have? \_\_\_\_\_  NO  YES

Cousins: How many do you have? \_\_\_\_\_  NO  YES

**Ancestry:** Is there any Jewish ancestry in your family?

No  Yes, on mother's side  Yes, on father's side  Yes, on both sides of family

<b>Information about Cancers in the Family (please use additional paper if needed)</b>						
<i>*If you don't know a relative's age at cancer diagnosis, please give their approximate age</i>						
First Name	Last Name	Mom's or Dad's Side	Relationship to you	Type of Cancer	Age when diagnosed *	Alive or Deceased?
e.g. Jane	Smith	Dad's	Aunt	Breast	62	Deceased

Have any relatives had genetic testing for hereditary cancer?  NO  YES

If yes, please provide:

Full name of relative: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to you (e.g. mother): \_\_\_\_\_

Name of their genetics clinic: \_\_\_\_\_

Test Result (if known): \_\_\_\_\_

