

# My Family History of Cancer

Cancer is usually caused by a combination of many factors such as the environment, lifestyle, and other changes that happen to our genes over time. Sometimes, certain cancers may run in families due to changes to our genes that can be passed down between generations. Knowing your family history of cancer can help your healthcare team understand if you might have a higher risk of developing certain cancers. Fill in the boxes below for yourself and your blood relatives. Encourage other members of your family, even if they do not have cancer, to complete this form and share it with their healthcare team.

<b>Maternal Grandmother:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____	<b>Maternal Grandfather:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____	<b>Paternal Grandmother:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____	<b>Paternal Grandfather:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____
<b>Mother:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____	<b>Me:</b> _____ Type of cancer: _____ Age when diagnosed: _____	<b>Father:</b> _____ Type of cancer: _____ Age when diagnosed: _____ Still living? Y___ N ___ Cause of death: _____	



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## Your Siblings:

**Brother  
or Sister:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Brother  
or Sister:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Brother  
or Sister:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Brother  
or Sister:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

## Mother's Siblings: \_\_\_\_\_

## Father's Siblings: \_\_\_\_\_

**Aunt:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Uncle:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Aunt:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

**Uncle:** \_\_\_\_\_

Type of cancer: \_\_\_\_\_

\_\_\_\_\_

Age when diagnosed: \_\_\_\_\_

Still living?    Y\_\_\_\_ N \_\_\_\_

Cause of death: \_\_\_\_\_

