

## Family History of Cancer Questionnaire

*Please be as thorough and accurate as possible and list all types of cancer for you and your family members.*

Cancer Type	You Age of Diagnosis	Parents/Brothers/ Sisters/Children	Age of Diagnosis	Relatives on Mother's Side	Age of Diagnosis	Relatives on Father's Side	Age of Diagnosis
<i>Example: Colon Cancer</i>	45	<i>Mother</i>	57	<i>Aunt</i>	49	-----	-----
<i>Example: Breast Cancer</i>	----	<i>Daughter</i>	37	-----	-----	<i>Grandmother</i>	74

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Date