Date completed (DD/MM/YY): _____________________________________

- Use this form or copy it on your own paper
- Add, delete, or change boxes as needed. Include other relatives with cancer (cousins, children, etc.)
- Type of cancer and age it was diagnosed are important.
- If you see a pattern of cancer on either side of your family, bring your family tree to your doctor.

My father’s side of the family:

My mother’s side of the family: