BC CANCER HEREDITARY CANCER
Provincial Health Services Authority

Return Completed Family History Form to:	
☐ **Hereditary Cancer Program** 32900 Marshall Road Abbotsford, V2S 0C2 **Fax 604.851.4720** (T) 604.851.4710 ext 645174	☑ **Hereditary Cancer Program** 600 West 10th Avenue Vancouver, V5Z 4E6 **Fax: 604.707.5931** (T) 604.877.6000 ext 672198

Name:

BCC ID#:

DOB:

Family History

Please answer the following questions about your **blood** relatives (living and deceased) to help us give you the best care. Your best guesses about ages and other details are fine. This information will become part of your health record.

Are you adopted? ☐ No ☐ Yes **Were your parents adopted?** ☐ No ☐ Yes, mother ☐ Yes, father

Are your parents related to each other? (e.g. first cousins) ☐ No ☐ Yes – give relationship: _____

Your Children	How many daughters? ____ How many sons? _____ ☐ I have no biological children
Your Brothers and Sisters ☐ None	How many sisters? ____ How many brothers? ____ How many half-sisters? ____ How many half- brothers? _____ ☐ Same mother ☐ Same father
Your Mother's Side ☐ No info	Is your mother alive? ☐ No ☐ Yes What is her current age or age at death? _____ How many aunts do you have? _____ Are any of them your mother's half-sisters? ☐ No ☐ Yes How many uncles do you have? _____ Are any of them your mother's half-brothers? ☐ No ☐ Yes Is your grandmother alive? ☐ No ☐ Yes What is her current age or age at death? _____ Is your grandfather alive? ☐ No ☐ Yes What is his current age or age at death? _____
Your Father's Side ☐ No info	Is your father alive? ☐ No ☐ Yes What is his current age or age at death? _____ How many aunts do you have? _____ Are any of them your father's half-sisters? ☐ No ☐ Yes How many uncles do you have? _____ Are any of them your father's half-brothers? ☐ No ☐ Yes Is your grandmother alive? ☐ No ☐ Yes What is her current age or age at death? _____ Is your grandfather alive? ☐ No ☐ Yes What is his current age or age at death? _____

Your Family's Ethnic/Ancestral Background: please check all that apply

	Africa/ Caribbean	Asia ☐ East ☐ South/Central	Europe/ UK	French Canadian	Indigenous (First Nations, Metis, Inuit)	Jewish ☐ Ashkenazi ☐ Sephardic	Middle East	South and Central America	Other: _____	Don't Know
Mother's mother	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mother's father	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Father's mother	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Father's father	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Previous Cancer Genetics Appointment/Genetic Testing

Has anyone in your family had genetic counselling or genetic testing for the family history of cancer? ☐ No ☐ Yes

If yes, full name of relative(s): _____ Date of Birth or current age (if known): _____

Relationship to you: _____ Name and/or location of genetics clinic: _____

Name:

BCC ID#:

DOB:

Hereditary Cancer Program Family History Form (page 2 of 2)

Has anyone in your family had any of the following conditions?	No	Yes	Don't Know	If yes, name of your relative and relationship to you
Chronic pancreatitis that lasted longer than 3 months	☐	☐	☐	
Tumour or growth in the pituitary, parathyroid or adrenal gland	☐	☐	☐	
Thyroid disease (e.g. "low" or "high" thyroid, goiter)	☐	☐	☐	
More than 50 moles	☐	☐	☐	
More than 10 polyps in colon or rectum (bowel)	☐	☐	☐	

List of any blood relatives who have had cancer. Please include children, brothers, sisters, parents, grandparents, aunts, uncles, and cousins. Your best guesses about their age and other details are fine. You may add another page if you need more space.

Relative's full name	**Date of Birth or current age**	**Relationship to you**	**Mother's or Father's side**	**Type of cancer**	**Age when cancer diagnosed**	**Location when cancer diagnosed**	**Age now or Age at death**
e.g. Jane Doe	*1941-Nov-08*	*cousin*	*mother's brother's daughter*	*breast*	*65*	*Victoria, BC*	*died at 68*