



FAMILY HISTORY FORM

Today's Date: _____

Name: _____

Birth Date: _____

The information on this form will help Hereditary Cancer Program staff to plan the next steps with your referral. The more details you provide, the more complete our assessment can be. You may not have all the requested information, so just do your best. **Please complete and return this form within 4 months of receiving it.** In some cases, we are unable to book an appointment without this information. **You may also wish to make a copy of this form to keep for your own reference.**

Tips for completing this form:

- Print clearly.
- If you need more space for any section, please attach an extra page.
- Provide the name(s) that relatives commonly use if different from their given name(s)
- Approximate information is OK. **If you do not have details, please provide your best guesses** such as the approximate age that a relative died, or that a cancer was found.
- This information will be kept on file as part of your BC Cancer medical record. We cannot share this information with others unless we have your consent to do so.

If you have any questions or concerns about this form, please contact Hereditary Cancer Program staff at 604.877.6000 local 672198 or 1.800.663.3333 local 672198.

RETURN YOUR COMPLETED FORM:

By mail: Hereditary Cancer Program, 600 West 10th Avenue, Vancouver, BC V5Z 4E6
By fax: 604-707-5931

Part A – Background Information

1. Has another person in your family had genetic counselling because of a family history of cancer? ⇒ yes ⇒ no ⇒ not sure

If yes: Name of family member: _____
At what hospital? _____

When?: _____

Has another person in your family had genetic *testing* for cancer? ⇒ yes ⇒ no ⇒ not sure

If yes: Name of family member: _____
At what hospital? _____

When?: _____

2. What is your family’s ethnic background? (e.g., Aboriginal, English, Jewish, etc.)

Mother’s mother _____

Mother’s father _____

Father’s mother _____

Father’s father _____

Part B – Your Medical History

1. Have you ever been diagnosed with cancer? ⇒ yes ⇒ no ⇒ not sure

If yes, please complete for each type of cancer you have been diagnosed with:

Type of cancer: _____

Age at diagnosis: _____

Name and location of hospital where treated (city, province): _____

Type of cancer: _____

Age at diagnosis: _____

Name and location of hospital where treated (city, province): _____

Part C – Family Members Who Have Had Cancer

Please complete the following chart for **each** of your relatives who have had cancer – see an example on the first line.

Approximate information is OK!

Name	How is this person related to you? PLEASE INDICATE SIDE OF THE FAMILY	Type of cancer	Age when cancer 1st diagnosed	Year and City/Country where cancer diagnosed	Current age	Age at death OR
<i>Example: Lisa Smith</i>	<i>Mother's sister's daughter (cousin)</i>	<i>Breast</i>	<i>36</i>	<i>around 2006 Toronto, Canada</i>	<i>50</i>	

If you need more space, please attach another page and include the same details.

Part D – All Family Members

Please include **ALL** family members, even those already listed on page 3 (Family Members with Cancer).

Please complete each section the best that you can. **Approximate information is OK!**

If you need more space for any section, please add another page.

1) YOUR CHILDREN

Please list your children below.

- no children

Please indicate if any of your children have a different mother or father, or if any of your children were adopted.

Full Name	Sex M/F	Date of Birth	If deceased, age and cause of death	Full name of their children, and sex (M/F)
				•
				•
				•
				•
				•

2) YOUR BROTHERS AND SISTERS

Please list your brothers and sisters below.

- no brothers/sisters

If any siblings are half-brothers or half-sisters, please note whether you share the same mother or the same father.

Full Name	Sex M/F	Date of Birth	If deceased, age and cause of death	Their children
				# of males _____ # of females _____
				# of males _____ # of females _____
				# of males _____ # of females _____
				# of males _____ # of females _____
				# of males _____ # of females _____

PLEASE PRINT CLEARLY

BC Cancer Chart #: _____

3) YOUR MOTHER'S FAMILY

Your mother's full name: _____ Her maiden name: _____

Your mother's date of birth: _____ If deceased, age and cause of death: _____

How many brothers did your mother have? _____ **How many sisters** did your mother have? _____

Please use the table below to list your mother's sisters and brothers, to the best of your knowledge, in order of birth if possible. If any are half-brothers or half-sisters, please note whether they have the same mother or the same father as your mother.

Full Name	Sex (M/F)	If deceased, age and cause of death (best guesses are OK)	Their children
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____

Name of your mother's mother (maternal grandmother): _____

If deceased, her age and cause of death: _____

Name of your mother's father (maternal grandfather): _____

If deceased, his age and cause of death: _____

PLEASE PRINT CLEARLY

BC Cancer Chart #: _____

4) YOUR FATHER’S FAMILY

Your father’s full name: _____ His date of birth: _____

If your father is deceased, please provide age and cause of death: _____

How many brothers did your father have? _____ **How many sisters** did your father have? _____

Please use the table below to list your father’s sisters and brothers, to the best of your knowledge, in order of birth if possible. If any are half-brothers or half-sisters, please note whether they have the same mother or the same father as your father.

Full Name	Sex (M/F)	If deceased, age and cause of death (best guesses are OK)	Their children
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____
			# of males _____ # of females _____

Name of your father’s mother (paternal grandmother): _____

If deceased, his age and cause of death: _____

Name of your father’s father (paternal grandfather): _____

If deceased, his age and cause of death: _____