

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.

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



My Family History of Cancer

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: _____

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: _____

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: _____

