

FAMILY HISTORY QUESTIONNAIRE

All answers provided are strictly confidential and will become part of your medical record.

Instructions

CG#:

1. Please complete this questionnaire to the best of your ability. If you are unsure of details, please estimate.
2. We require information on your *biological* relatives:
 - a. If you were adopted or donor conceived, please provide what you can about your biological relatives.
 - b. If a family member is adopted/donor conceived, please note this beside their name.
 - c. Please do not list step-brothers or step-sisters.
 - d. For half-siblings, please indicate who the shared parent is.
3. If you are unsure of dates, please estimate the year and write "approx." beside.
4. If you do not know certain information, please write "unsure".
5. Feel free to attach additional pages if required.
6. **Please make a photocopy of this form for your records.**
7. Once complete, return the original to the address at the top right-hand corner of this page.
8. If you have questions, please contact our office at **(519) 685-8727**.

Personal Details

Full name:		Date of birth (DD/MM/YYYY):	
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Ancestry/Ethnic Background

For example, if your family was originally from Ireland, please put "Irish".

Father's Family	Mother's Family

Your Children

Please complete regardless of whether or not they developed cancer. If not applicable, please write "N/A".

First and Last Name	Sex (M/F/O)	Date of birth (DD/MM/YYYY)	If ever diagnosed with cancer, age and type of cancer	If deceased, age and cause of death	# of children (if applicable)
<i>Example: John Smith</i>	<i>M</i>	<i>31/01/1980</i>	<i>40, colon</i>	<i>N/A</i>	<i>2M, 1F</i>

Your Siblings

Please complete regardless of whether or not they developed cancer. If not applicable, please write "N/A".

For half-siblings, please indicate this beside their name and who the shared parent is.

First and Last Name	Sex (M/F/O)	Date of birth (DD/MM/YYYY)	If ever diagnosed with cancer, age and type of cancer	If deceased, age and cause of death	# of children (if applicable)
<i>Example: Jane Smith (half-sister, shared father)</i>	<i>F</i>	<i>31/01/1950</i>	<i>60, breast</i>	<i>70, heart attack</i>	<i>1M, 2F</i>

Immediate Maternal (Mother's) Family

Please complete regardless of whether or not they developed cancer.

	First and Last Name	Date of birth (DD/MM/YYYY)	If diagnosed with cancer, age and type	If deceased, age and cause of death	# of brothers & sisters (please specify if half-siblings)
	<i>Example: Joanne Smith</i>	<i>31/01/1925</i>	<i>60, breast</i>	<i>90, natural causes</i>	<i>3 brothers, 2 sisters</i>
Mother					
Mother's Father (Grandfather)					
Mother's Mother (Grandmother)					

Immediate Paternal (Father's) Family

Please complete regardless of whether or not they developed cancer.

	First and Last Name	Date of birth (DD/MM/YYYY)	If diagnosed with cancer, age and type	If deceased, age and cause of death	# of brothers & sisters (please specify if half-siblings)
	<i>Example: Jerry Smith</i>	<i>31/01/1925</i>	<i>N/A</i>	<i>75, DK</i>	<i>1 half-sister (dad)</i>
Father					
Father's Father (Grandfather)					
Father's Mother (Grandmother)					

