

Cancer Genetics Clinic, London Health Sciences Centre Room B5-120, Victoria Hospital 800 Commissioners Road East, PO Box 5010, Stn. B London, Ontario, Canada N6A 5W9 519-685-8727

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 do	tails plaasa astimata

- 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.

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

For example, it 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)
Example: John Smith	М	31/01/1980	40, colon	N/A	2M, 1F

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)
Example: Jane Smith (half-sister, shared father)	F	31/01/1950	60, breast	70, heart attack	1M, 2F

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)
	Example: Joanne Smith	31/01/1925	60, breast	90, natural causes	3 brothers, 2 sisters
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)
	Example: Jerry Smith	31/01/1925	N/A	75, DK	1 half-sister (dad)
Father					
Father's Father (Grandfather)					
Father's Mother (Grandmother)					

Additional Maternal (Mother's) Relatives

Please only list blood relatives on your mother's side who have developed cancer.

Relationship to you	First and Last Name	Name of parent	Sex (M/F/O)	Date of birth (DD/MM/YYYY)	Age at diagnosis & type of cancer	If deceased, age & cause of death
E.g.: grandma's sister	Josephine Smith	DK	F	Approx. 1900	50, maybe breast?	60, cancer
E.g.: cousin	Joe Smith	Jeannie Smith	М	Approx. 1960	50, pancreatic	53, cancer

Additional Paternal (Father's) Relatives

Please only list blood relatives on your father's side who have developed cancer.

Relationship to you	First and Last Name	Name of parent	Sex (M/F/O)	Date of birth (DD/MM/YYYY)	Age at diagnosis & type of cancer	If deceased, age & cause of death