

# Family Medical Cancer History



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  M  F MRN: \_\_\_\_\_

Ethnicity:  African American/Black  Asian  Caucasian  Jewish (Ashkenazi)  Specify \_\_\_\_\_

## PERSONAL CANCER HISTORY:

Name: \_\_\_\_\_ Gender:  M  F Current Age: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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\_\_\_\_\_

## YOUR PARENTS:

Name: \_\_\_\_\_ Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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\_\_\_\_\_

Name: \_\_\_\_\_ Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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\_\_\_\_\_

**YOUR CHILDREN:**

Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Cause of Death: \_\_\_\_\_

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Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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**YOUR BROTHERS AND SISTERS:** *(with or without cancer)*

Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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**YOUR GRANDPARENTS:**

Mother's Mother: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Mother's Father: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Father's Mother: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Father's Father: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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**YOUR MOTHER'S BROTHERS AND SISTERS:** *(with or without cancer)*

Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

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Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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**YOUR FATHER'S BROTHERS AND SISTERS:** *(with or without cancer)*

Name: \_\_\_\_\_ Gender:  M  F Current Age or Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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Cause of Death: \_\_\_\_\_

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Cause of Death: \_\_\_\_\_

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Other History/Chronic Disease: *(cyst, colon, polyps, diabetes, hypertension, high cholesterol, Alzheimer's, clotting disorder, etc.)*

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**ANY OTHER BLOOD RELATIVES:** *(list anyone else with cancer such as your first & second cousins and Grandparents' siblings)*

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Cause of Death: \_\_\_\_\_

Type(s) of Cancer or DCIS: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

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