

# FAMILY HISTORY FORM

## The Hereditary Cancer Program at Washington University School of Medicine

Please complete this form as best you are able. Contact us at 314-286-0688 with any questions.

Your family cancer history and your personal health history are used to determine your cancer risk and/or chance your family has hereditary cancer. Knowing your extended family history helps to provide a better estimation of your risk.

The following pages contain a **sample family cancer history**, a blank form for you to complete **your family history**, and a **table** to document your family members' names and medical conditions. **The family history form and family history table are linked to one another.**

Ask the following questions for family members who have been diagnosed with cancer:

- Where did the cancer start, or, what was the specific cancer type (for example, colon cancer)?
- About what age was the person diagnosed?
- Did the family member have more than one type of cancer? Do not include a cancer that spread to another part of the body.
- Did any family member have genetic testing? What gene(s) was tested and what were the specific results? Will your family member share a copy of the genetic testing results?

### **Instructions for completing your family history form** – SEE SAMPLE FAMILY HISTORY

Circles stand for females and squares stand for males.

- Start at the bottom of the form and draw a circle or a square for yourself.
- Add your sisters and brothers along the connecting line, next to you, using circles to designate females and squares for males.
- Children are drawn on lines directly below their parents. Remember to include your children.
- Take the same steps for your mother's siblings and your father's siblings. Include your cousins.
- Do the same thing for your grandparents and their siblings, if you know this information.

### **Instructions for completing the family history table**

- List your family members on the family history table including any cancer diagnosis or other important medical illnesses.
- Give yourself the number 1 on the table.
- Each family member should have his or her own number.
- Write the family member's name next to the number on the table.
- Write the family member's cancer diagnosis or other important medical conditions.
- If the family member is deceased, write the approximate age at death and cause of death, if you have this information.

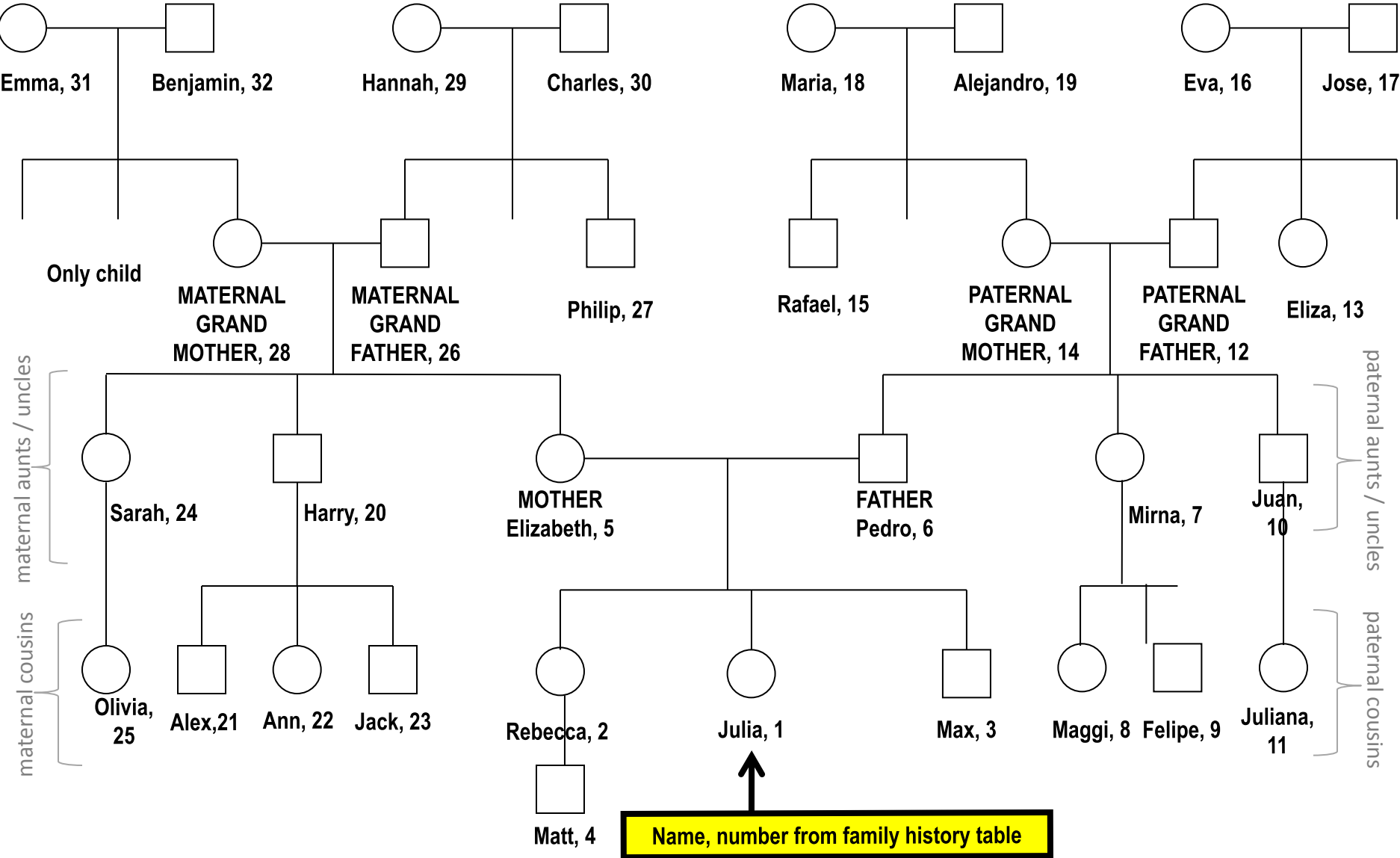
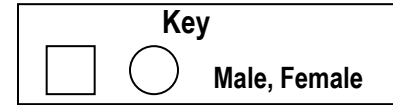
### **Questions?**

Contact us with any questions, 314-286-0688.

### **Mail or fax completed form prior to your appointment**

Hereditary Cancer Program, Washington University School of Medicine, Box 8100; 660 S. Euclid Ave, St. Louis, MO 63110  
Fax 314.454.8051

# Family History Form -- **SAMPLE**



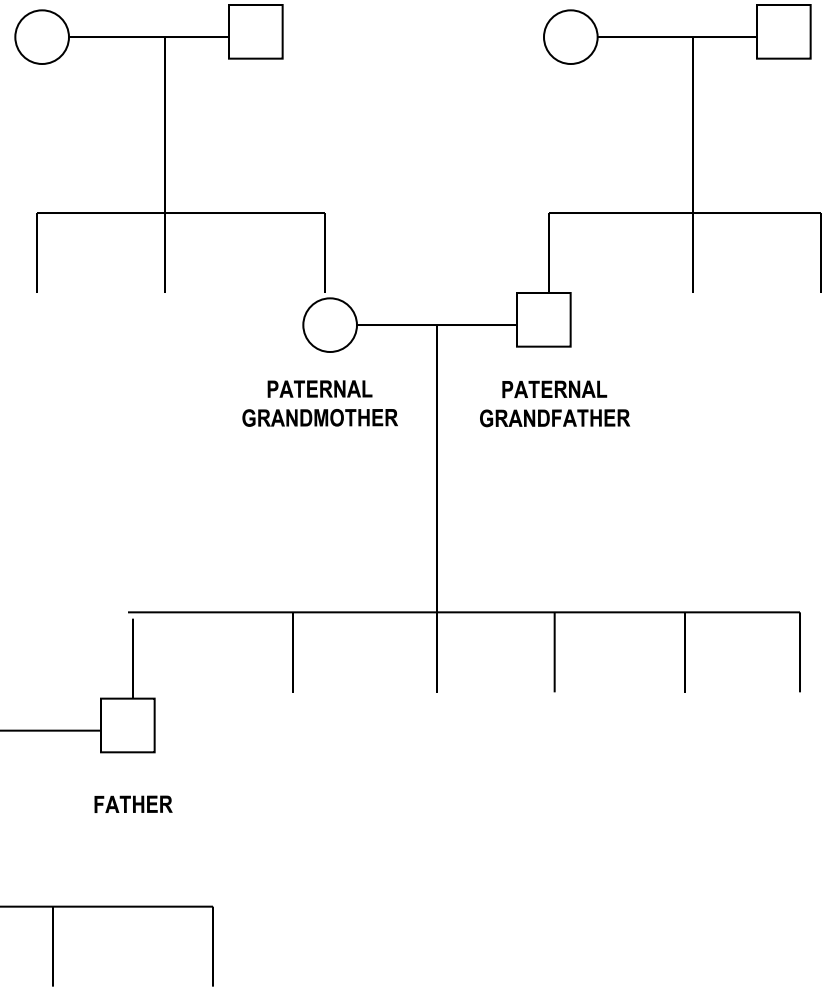
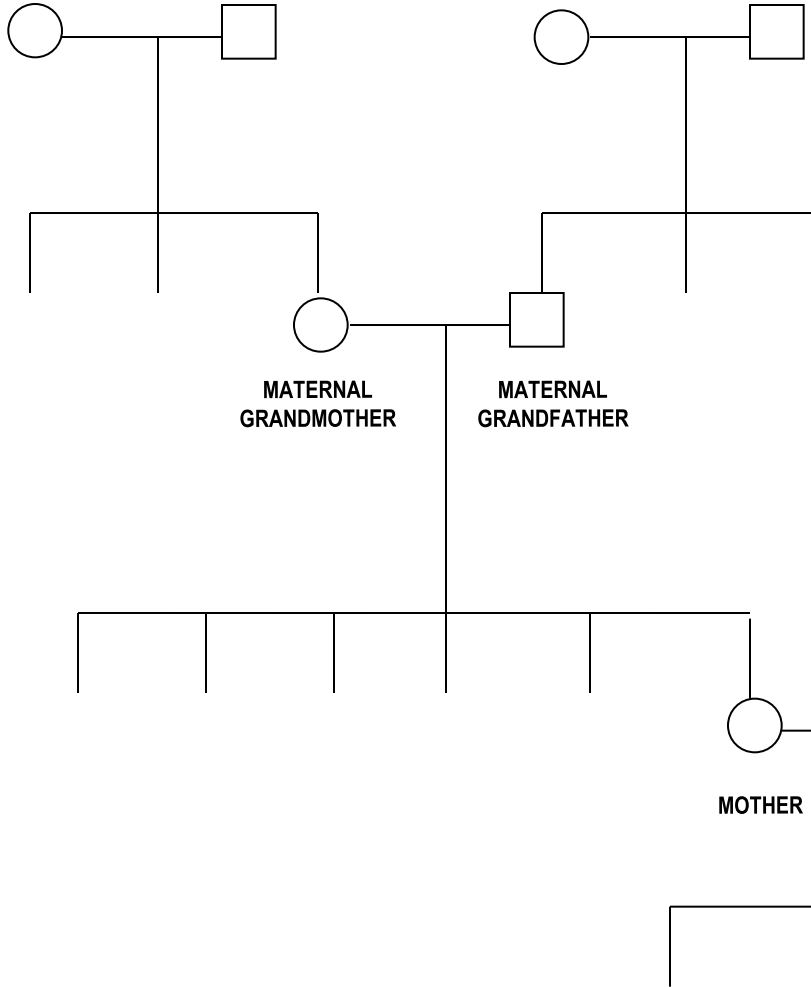
**Name, number from family history table**

# FAMILY HISTORY FORM

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Appointment Date: \_\_\_\_\_



## FAMILY HISTORY TABLE

No.	Family member name	Type of cancer, health problems, serious illnesses, or birth defects	Age at death and cause of death
	<i>Example</i>	<i>Breast cancer at 32; endometriosis</i>	<i>Still living</i>
1	write your full name here		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Write family members' information in these rows

## FAMILY HISTORY TABLE – page 2

No.	Family member name	Type of cancer, health problems, serious illnesses, or birth defects	Age at death and cause of death
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Write family members' information in these rows