

COMPREHENSIVE FAMILY HISTORY QUESTIONNAIRE

An accurate family history is very important in the process of assessing the risk of hereditary cancer in your family. Please read and follow these instructions carefully, as correct completion of this form will speed processing and provide more accurate risk assessment. If you are not certain about a cancer diagnosis for some of your relatives, take the time to make phone calls to get complete information. It is not uncommon for family members to have had cancer, but not discuss it. Obtain medical records (e.g. pathology reports) if possible.

Please contact Jeanne Homer at Jeanne.Homer@HoagHospital.org or (949) 764-5764, if you have questions. Thank you!

Your Last Name

First Name

Middle Initial

Date of Birth

Today's Date

Your referring physician's name: _____

What is your ethnicity? *White* *African American* *Hispanic* *Asian* *Other* _____

Do you know where your ancestors are from? Yes No

(Examples: England, Germany, Russia, Ireland, Italy, etc.)

My mother's ancestors are from: _____

My father's ancestors are from: _____

Are you of Ashkenazi (Eastern/Central European) Jewish descent? Yes No Don't know

1. On the following pages, enter all family members requested by the form, including those who do not have a cancer diagnosis, as well as those who do have cancer.

2. For each individual, please include:

- First name
- Current age · if living
- Age at death · if the relative is deceased
- Type of cancer · if relative has had a cancer diagnosis
- Age at time of cancer diagnosis

3. There is one blank page at the end where you can include any additional information.

RELATIVES ON YOUR MOTHER'S SIDE

NAME	Living Yes/No	Current Age (if living) or Age at Death (if deceased)	Cancer Diagnosis Yes/No	FIRST CANCER		OTHER CANCER		Cause of Death	COMMENTS
				Location or Type	Age at Diagnosis	Location or Type	Age at Diagnosis		
Mother's sister:									
Mother's sister:									
Mother's sister:									
Mother's brother:									
Mother's brother:									
Mother's brother:									

Do you have any cousins on your mother's side with cancer: Yes No Don't know

If yes, please list:

Name	Cancer Diagnosis	Age at diagnosis	Son/Daughter of
1.			
2.			
3.			

RELATIVES ON YOUR FATHER'S SIDE

NAME	Living Yes/No	Current Age (if living) or Age at Death (if deceased)	Cancer Diagnosis Yes/No	FIRST CANCER		OTHER CANCER		Cause of Death	COMMENTS
				Location or Type	Age at Diagnosis	Location or Type	Age at Diagnosis		
Father's sister:									
Father's sister:									
Father's sister:									
Father's brother:									
Father's brother:									
Father's brother:									

Do you have any cousins on your father's side with cancer: Yes No Don't know

If yes, please list:

Name	Cancer Diagnosis	Age at diagnosis	Son/Daughter of
1.			
2.			
3.			

OTHER RELATIVES

Please include any other relatives you think we should know about. Be sure to be specific about how this person is related to you, e.g. *mother's father's sister*.

NAME	HOW IS THIS PERSON RELATED TO YOU?	Sex M/F	Living Yes/No	Current Age (if living) or Age at Death (if deceased)	Cancer Diagnosis Yes/No	FIRST CANCER			OTHER CANCER				
						Location or Type	Age at Diagnosis	Location or Type	Age at Diagnosis	Location or Type	Age at Diagnosis	Cause of Death	

Please include any additional information here: