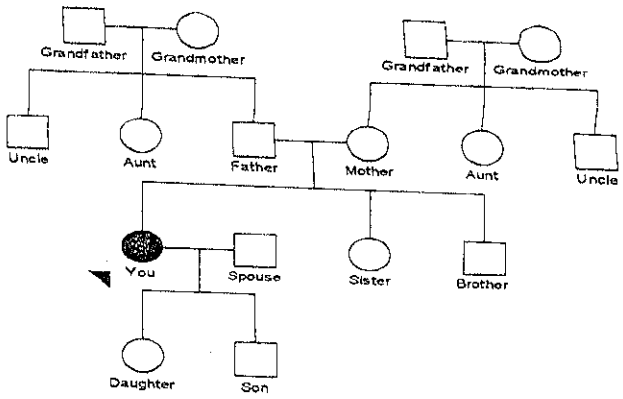
Maine Medical Center

MaineHealth

Cancer Risk and Prevention Clinic



FAMILY HISTORY OF CANCER

1. Please print.

2. For each relative, fill in the first and last name (if known), and as much of the requested information as possible.

3. Include only **blood relatives** (except your spouse), even if they are no longer living.

4. For family members who have had cancer, the **type of cancer** and the **age or year** when they were diagnosed is very important. Be sure to include any malignant tumor, leukemia, or lymphoma.

5. Also report any cancer-related problems that you know of. (For example colon polyps, breast lumps, DCIS, inflammatory bowel disease, skin lesions.)

6. If you do not know the exact age or year, write in an approximate age or year. If you are unsure what type of cancer a relative had, please report what you think the diagnosis was, and put a question mark after any age or diagnosis you are unsure of.

7. Please take your time and fill in as much information as you can. You may need to speak with other family members to get the most accurate information. Use the last two pages if you run out of space in any section, or if you wish to report additional

The quality of the evaluation and risk assessment we provide for you is directly related to the accuracy of the family history you report here. Your time and effort in this process is greatly appreciated. Thank You!

Example:

Relative	Age or Birthdate	Status	If deceased age of death & cause	Any Cancer? Type and age at diagnosis	Hospital / Center for surgery or treatment	Additional cancers? Type(s) & age(s)	Any other cancer related diagnoses?
Your Father (full name)		□Living □Deceased □Unknown					
Your Paternal Aunt (full name)		□Living □Deceased □Unknown					

Cancer Family History Form
Cancer Risk & Prevention Clinic

Office Use Only

Medical Record # _____

MCCM Patient ID# _____

Date Received: _____

Personal Information

Your Full Name: Birthdate: ___/___/____

First Middle Last

(Maiden Name) M / F

Address: _____

_____

Phone #: _____

Primary Care Physician: _____

Referring Physician: _____
(if different from above)

Current Cancer Diagnosis	Other Cancers?
Type of cancer: _____	Type & Age/Year:
Age at diagnosis: _____ Year: _____	
Surgery performed at what hospital?:	Type & Age/Year:
Treated at:	Any cancer related diagnoses? (ex:polyps breast lump / DCIS, anything biopsied, skin lesions, inflammatory bowel disease... etc.):
Cancer Care Physicians:	

Your Ancestry / Ethnicity:

Your Father's Nationality/Ethnicity _____ Your Mother's Nationality/Ethnicity _____

If known, please specify with a check mark:	Father's Father	Father's Mother	Mother's Father	Mother's Mother
White/Caucasian (North or West Europe)				
White/Caucasian (East or Central Europe)				
French Canadian				
Black/African American				
Native American				
Other				
Jewish Ancestry?				

Family Size/Structure

How many brothers do (did) you have? _____ Sisters? _____

How many brothers does (did) your father have? _____ Sisters? _____ # of Children? _____

How many brothers does (did) your mother have? _____ Sisters? _____

YOUR PARENTS AND SIBLINGS

(Use last page if you need more space)

Full Name **Your Biological Parents**	Age or Birthdate	Status	If deceased, age of death & cause	Any Cancer? Type and age at diagnosis	Hospital/Center for surgery or treatment	Other cancers? Type(s) & age(s)	Any other cancer related diagnoses?
Your Father		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
Your Mother		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	

Your Siblings (brothers and sisters) * If you have half-siblings, or more than 6 siblings, please note them on the page for additional relatives.

1. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
2. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
3. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
4. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
5. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
6. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	

YOUR CHILDREN

Full Name	Age or Birthdate	Status	If deceased, age of death & cause	Any Cancer? Type and age at diagnosis	Hospital/Center for surgery or treatment	Other cancers? Type(s) & age(s)	Any other cancer related diagnoses?
Spouse/Reproductive Partner* M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
Children M / F 1.		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
2. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
3. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
4. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
5. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
6. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	

*** If you've had children with more than one partner, please note additional partners here, and which children are theirs.**

Any adopted children?

YOUR FATHER'S FAMILY

Full Name **Your Paternal Grandparents**	Age or Birthdate	Status	If deceased, age of death & cause	Any Cancer? Type and age at diagnosis	Hospital/Center for surgery or treatment	Other cancers? Type(s) & age(s)	Any other cancer related diagnoses?
Father's Father		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
Father's Mother		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
Paternal Aunts and Uncles (your father's sisters and brothers)							
1. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
2. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
3. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
4. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
5. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	
6. M / F		☐Living ☐Deceased ☐Unknown	age:	age:	Year:	age(s):	

YOUR MOTHER'S FAMILY

Full Name **Your Maternal Grandparents**	Age or Birthdate	Status	If deceased, age of death & cause	Any Cancer? Type and age at diagnosis	Hospital/Center for surgery or treatment	Other cancers? Type(s) & age(s)	Any other cancer related diagnoses?
Mother's Father		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
Mother's Mother		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	

Maternal Aunts and Uncles (your mother's sisters and brothers)

1. M/F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
2. M / F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
3. M / F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
4. M / F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
5. M / F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	
6. M / F		□Living □Deceased □Unknown	age:	age:	Year:	age(s):	

Any Other Relatives (cousins, neices/nephews, half-siblings, great-grandparents, etc.)

Relative Full Name	Their Parent's Name	Relationship to you	What side of family?	Age or Date of Birth	Status	Any Cancer? Type and age at diagnosis	Additional cancers? Type(s) & age(s) at diagnosis	Any other cancer related diagnoses?
1. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
2. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
3. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
4. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
5. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
6. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
7. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	
8. M/F			☐Mother's ☐Father's		☐Living ☐Deceased ☐Unknown Age at death____	age:	age(s):	