

FCP# : \_\_\_\_\_

**Family History Questionnaire**  
**Familial Cancer Program Clinic**

Most people have a history of cancer in their families. This is because 1 in 3 people will develop cancer in their lifetime. Familial cancers may be due to inherited genes, a shared environment, or chance. Filling out the following questionnaire will help determine if inherited factors may be playing a role in the development of cancer in your family. Please also list other medical conditions that your relatives have which you feel would be important to know about.

Your name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with cancer?     ( ) Yes   ( ) No

If yes, what type(s) of cancer? \_\_\_\_\_

At what age(s) were you diagnosed? \_\_\_\_\_

**Family History:** Please note whether relatives are living or deceased (L or D)

***Your Immediate Family***

	<b>Total Number</b>	<b>Number with Cancer</b>	<b>Type(s) of cancer</b>	<b>Age(s) at diagnosis</b>
Your daughter(s)				
Your son(s)				
Your brother(s)				
Your sister(s)				

*Your mother's side of the family*

	<b>Total Number</b>	<b>Number With Cancer</b>	<b>Type(s) of Cancer</b>	<i>Age(s) At Diagnosis</i>
Your mother				
Your mother's mother				
Your mother's father				
Your mother's brother(s)				
Your mother's sister(s)				
Your maternal cousins (first cousins)				

What is your mothers ethnic background (country of origin?) \_\_\_\_\_  
 (i.e. English, Irish, French Canadian, African American, Eastern European, Jewish, etc.)

FCP# \_\_\_\_\_

***Your father's side of the family***

	<b>Total Number</b>	<b>Number With Cancer</b>	<b>Type(s) of Cancer</b>	<b><i>Age(s) At Diagnosis</i></b>
Your father				
Your father's mother				
Your father's father				
Your father's brother(s)				
Your father's sister(s)				
Your paternal cousins (first cousins)				

What is your fathers ethnic background (country of origin?) \_\_\_\_\_  
 (i.e. English, Irish, French Canadian, African American, Eastern European, Jewish, etc.)

***Other relatives:***

This questionnaire asked you about those relatives most closely related to you. If you have other more distantly related relatives that have been diagnosed with cancer, or have a medical condition you feel would be of importance to us, please list them below. In particular, include those relatives that have been diagnosed with cancer at a young age and/or have been diagnosed with more than one type of cancer.

<b>Relative's relationship to you (e.g. niece, nephew, maternal, paternal, etc.)</b>	<b>Type(s) of cancer</b>	<b>Age(s) at diagnosis</b>

Have you, or any of your relatives ever had genetic testing or participated in a genetic research study?  
If yes, please explain.

Feel free to add any comments and/or other family medical history you feel would be relevant.

Thank you for taking the time to fill out this questionnaire! All information is kept confidential.

Please return the questionnaire to:

Wendy McKinnon, M.S.  
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Familial Cancer Program  
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