

YOUR FAMILY HISTORY OF CANCER

Knowing Saves Lives

Why should you know your family history of cancer?

A family history of cancer might mean you are at increased risk of developing certain cancers, including breast, ovarian and colon cancer. This could be because of an inherited change in your DNA, lifestyle choices, or other factors. Knowing your family history of cancer can help to understand your risk.

What information do you need to know?

This form will help you to start gathering information about your family's history of cancer. Collect a cancer history from blood-relatives on both your mother and father's side of the family. These relatives include:

- First degree relatives: siblings, children, and parents
- Second degree relatives: half-siblings, grandparents, grandchildren, aunts, and uncles
- Third degree relatives: cousins, great-aunts, great-uncles, and great grandparents

Some important information is the type of cancer, location of the cancer, and age at diagnosis. If you do not know exact dates, give an estimate (for example, diagnosed in her 30s).

Who should you talk to in your family?

You may need to speak to several members of your family to create a complete family history of cancer. Prepare a list of questions that you need answers to ahead of time.

What should you do once you have finished your family history of cancer form?

Show your healthcare provider the information about your family history of cancer. Save the form and update it with any new information that you learn.

For more information about the Basser Research Center for BRCA

Visit www.basser.org or call (215) 662-2748.

You

Name: _____

Date of Birth: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Mother

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Father

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Child

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Child

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Sister

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Sister

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Maternal Grandmother

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Maternal Grandfather

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Aunt

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Aunt

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Brother

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Brother

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Paternal Grandmother

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Paternal Grandfather

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Uncle

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____

Your Uncle

Name: _____

Date of Birth: _____ Date of Death: _____

Affected with cancer: Yes No N/A

If yes, type/location of cancer:

Date of diagnosis or age: _____