

Your Cancer Family History Worksheet

A genetic counseling appointment to discuss hereditary cancer risk includes a review of your cancer family history. We talk about how genetics and heredity can affect the chances of developing cancer. We will also talk about the option of genetic testing, if appropriate. This information can change recommendations for cancer screening and/or prevention for you and for your family members.

-----If you have any questions, please call the genetic counselor, Sheri Babb, at 314.362.3300-----

This worksheet is a guide to help you collect and write down your cancer family history. The risk assessment and recommendations are based on your own history of cancer and/or the family history of cancer. Please list **all** relatives (with and without cancer).

For any relative with cancer, please make note of the following:

- Primary site of the cancer (in what organ did the cancer start, such as breast, colon, uterine) AND any additional cancer diagnoses
- Lifestyle (i.e. smoking, obesity) or occupational exposures that may be related to the cancer
- **If possible, it is helpful to verify cancer diagnoses in the family by getting a copy of the medical record, especially the pathology report from the cancer surgery.** Sometimes medical records show that the cancer originally started in a different organ than what the family story reports. We understand it is not always possible to get medical records to verify cancer diagnoses. If you need a medical record release form for your relative or his/her family to request these records please contact us and we can provide one to you. If possible, please obtain a pathology report from the hospital where the surgery was performed to verify the cancer type and age of diagnosis.

For any relative with colon polyps or other benign tumors - please write down age of diagnosis and obtain pathology report if available: Examples:

- Colon polyps
- Stomach polyps
- Thyroid tumors
- Benign skin lesions such as sebaceous adenomas, keratoacanthomas, facial trichilemmoma
- Hamartomas of the gastrointestinal tract
- Benign uterine tumors or ovarian tumors

Additionally, write down the following (if known) for each relative:

- Surgeries (i.e. colon surgery or hysterectomy with or without removal of the ovaries)
- Any abnormal cancer screening tests: for example
 - Mammograms – breast biopsies/ unusual findings
 - Biopsies of any organ, including skin – what did the pathology report show

Please bring the completed family history worksheet to your appointment.

Your name: _____ Date of Birth _____

Countries of Origin (where did ancestors come from?) For Example: Italy, Germany, China, England)

- Mother's side of the family _____
- Father's side of the family _____

Are either of your parents of Ashkenazi Jewish ancestry (Eastern/Central European descent)? Yes No Unknown

Your immediate family

	Age	Gender (M/F)	If this person had cancer, list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors	Does this person have children? #sons_____ #daughters_____
<i>You</i>								
<i>Child 1</i> First Name								#sons_____ #daughters_____
<i>Child 2</i> First Name								#sons_____ #daughters_____
<i>Child 3</i> First Name								#sons_____ #daughters_____
<i>Child 4</i> First Name								#sons_____ #daughters_____
<i>Your Mother</i>								
<i>Your Father</i>								

Your immediate family (include both full siblings and half siblings)

<i>Brother/Sister</i> First Name	Age	Gender (M/F)	If this person had cancer, list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors	Does this person have children? * #sons_____ #daughters_____	Have any of their children had cancer? If yes, list on lines below grid
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	
<i>Brother/Sister</i>								#sons_____ #daughters_____	

***Complete the space below if any of the children of the individuals listed on this page have/had cancer (your nieces/nephews)**

(name of niece/nephew)	(name of parent)	(current age)	(age at death)	(type of cancer)	(age of diagnosis)
1.					
2.					
3.					
4.					
5.					
6.					

Maternal Grandparents (your mother's mother and father)

First Name	Age	Gender (M/F)	If this person had cancer, list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors
<i>Grandmother</i>							
<i>Grandfather</i>							

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

(Aunt/Uncle) First Name	Age	Gender (M/F)	If this person had cancer, list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors	Does this person have children? * #sons _____ #daughters _____	Have any of their children had cancer? If yes, list on lines below grid
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	

*Complete the space below if any of the children of the individuals listed on this page have/had cancer (your maternal cousins)

(name of cousin)	(name of parent)	(current age)	(age at death)	(type of cancer)	(age of diagnosis)
1.					
2.					
3.					
4.					
5.					
6.					

Paternal Grandparents (your father's mother and father)

First Name	Age	Gender (M/F)	If this person had cancer, please list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors
<i>Grandmother</i>							
<i>Grandfather</i>							

Paternal Aunts and Uncles (your father's brothers and sisters)

(Aunt/Uncle) First Name	Age	Gender (M/F)	If this person had cancer, list cancer types	Age of diagnosis	Age at death	Cause of death	Colon Polyps or other benign tumors	Does this person have children? * #sons _____ #daughters _____	Have any of their children had cancer? If yes, list on lines below grid
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	
<i>Aunt/Uncle</i>								#sons _____ #daughters _____	

*Complete the space below if any of the children of the individuals listed on this page have/had cancer (your maternal cousins)

(name of cousin)	(name of parent)	(current age)	(age at death)	(type of cancer)	(age of diagnosis)
1.					
2.					
3.					
4.					
5.					
6.					

List any other family members in your extended family known to have cancer

(name)	(relation to you)	(current age)	(age at death)	(type of cancer)	(age of diagnosis)
1.					
2.					
3.					
4.					
5.					
6.					