

## FAMILY HISTORY QUESTIONNAIRE



Familial Cancer Risk Assessment Center at Lahey Clinic

This questionnaire is intended to help you to collect and document your family history of cancer. It is often helpful to obtain this information *before* you meet with our genetic counselor so that she can provide the most accurate risk assessment for your family. Some families are able to obtain a lot of information about their relatives, but sometimes detailed information is unavailable – please provide as much information as you can.

The information gathered from this questionnaire will be used to assess the possibility that the cancer in your family could be due to a hereditary cancer predisposition syndrome. It is important to realize that our recommendations are based on your recollection of your family history.

**INSTRUCTIONS:** Please list all of your blood relatives, whether or not they have had cancer. If you do not know the exact ages, please estimate as accurately as possible. Please be as specific as you can about the type of cancer in an individual. Many cancers start in one organ but spread to another – it is important to document the origin of the cancer, if possible. If you cannot fit all of your relatives on the family tree, please write the additional information on the back page of the family tree and indicate how the relatives with cancer are related to you.

Please include information about your ancestry or country of origin for both sides of your family. For individuals who are deceased, please indicate the age of death with "d.". For example, if you have a relative who passed away at the age of 65, please write "d.65". Please also indicate if anyone in the family has already pursued genetic testing and if possible the results of those tests.

Please return the completed questionnaire either by fax (see provided fax cover sheet) or mail (use postage page envelope provided). If you have questions about completing the questionnaire, please contact Rebecca Madore, MS, genetic counselor, at 781-744-8834.

Name:				
	(first)	(middle initial)		(last)
	Lahey Clinic #:		Date of birth: /	/

Name:		La	hey Clinic #:			
Ethnicity/Country	of Origin:				Ethnicity/Country of Origin:	
		Father's Family		Mother's Family		
Current age (or age at death) Cancer type Age at diagnosis	Your		our mother	Your Grandfather	Your Grandmother	
current age or age at death)	Your Aunt or Uncle	Your Aunt Your Aunt or Uncle or Uncle	Your Father ———	Your Your Aunt Mother or Uncle	Your Aunt Your Aun or Uncle or Uncle	
ge at diagnosis						
Current age (or age at death)	Your Sister or Brother	Your Sister or Brother	You	Your Sister or Brother	Your Sister or Brother	
Cancer type  Age at diagnosis						
Age at diagnosis		Son or	Son or	Son or		
	Current age (or age at deat	Daughter	Daughter	Daughter		
	Cancer type Age at diagnos		<del></del>			