

Family History Questionnaire

How to complete this questionnaire

The information in this questionnaire will be used to determine when and if you should be scheduled for an appointment for genetic counselling and/or high risk breast cancer screening. You may find it helpful to contact other family members to get information about more distant relatives. If you do not know much about your family history, do the best you can. Any information is helpful and will allow us to more accurately assess your family history.

To fill in the tables:

- Complete the tables as shown in the example at the top of the first page.
- List all family members, those with and without cancer.
- If your family is very large, you may photocopy or add more sheets of paper.
- If exact age is not known, give your closest guess of age or age range.
- If the person is living, leave "Age at Death" column blank.
- If the person had passed away, leave "Age" column blank.
- If the person has never had cancer, leave "Cancer Type" column and "Age at Diagnosis" column blank.

The tables will ask you for information about your:

- immediate family (your spouse, children, brothers and sisters)
- nieces and nephews
- mother's family
- father's family
- other family members who may have been diagnosed with cancer

If you have questions or need help completing this form, please call the **Familial Cancer Clinic at 416-946-2270 option 0**

Consent

By signing below, you consent that the family history you provide will be available to other members of your family seen for genetic counselling. This means that other relatives will not have to complete this questionnaire and that other relatives will be able to add their information to the family tree.

Name (print): _____ Signature: _____
Date _____

1. Are you adopted?

yes

no

If yes, please complete the questionnaire to the best of your knowledge about your biological relatives.

2. What part of the world did your family originally come from (your ancestry/ethnic background)?

Mother's side: _____

Father's side: _____

3. Is your family Ashkenazi Jewish?

yes

no

not sure

4. Has anyone in your family married a blood relative?

yes

no

If yes, please list which relatives and explain how they are related to each other.

5. Do all of your children have the same mother and father?

yes

no

I do not have children

If no, please indicate in the margin of the tables below, beside each child, the name of their other parent.

6. Are any of your brothers or sisters half-brothers or half-sisters?

yes

no

I do not have brothers or sisters

If yes, please write in the margin of the tables below whether you share the same mother or father.

1. Your Immediate Family							
	Last Name, First Name	Age	Sex M/F	Cancer Type	Age at Diagnosis	Age at Death	Cause of death
EXAMPLE	SMITH, JANE (JONES)	52	F	BREAST	49		
EXAMPLE	SMITH, MARGARET (JONES)		F			85-90	OLD AGE
EXAMPLE	JONES, BOB	70	M	PROSTATE	60s		
EXAMPLE	SMITH, MARY (JONES)		F			50s	UNKNOWN
You							
Your Partner							
Your Children							
Your Brothers & Sisters							

2. Your Nieces and Nephews							
Last Name, First Name	Their Parent's Name (Your brother or sister)	Age	Sex M/F	Cancer Type	Age at Diagnosis	Age at Death	Cause of death

3. Your Mother's Family							
	Last Name, First Name	Age	Sex M/F	Cancer Type	Age at Diagnosis	Age at Death	Cause of death
Your Mother							
Mother's Mother (Your Grandmother)							
Mother's Father (Your Grandfather)							
Mother's Brothers & Sisters (Your Aunts and Uncles)							

6. Children of Your Father's Brothers and Sisters (Your Paternal First Cousins)

Last Name, First Name	Their Parent's Name (your father's brother or sister)	Age	Sex M/F	Cancer Type	Age at Diagnosis	Age at Death	Cause of death

7. Other Family Members Diagnosed with Cancer (not listed above)

Last Name, First Name	Exact Relationship to You	Age	Sex M/F	Cancer Type	Age at Diagnosis	Age at Death	Cause of death
MILLER, LISA (STANLEY)	MATERNAL GRANDMOTHER'S SISTER			UTERINE	50-60	72	HEART ATTACK