

Clinical Cancer Genetics Services
Family Health History

Please read the following instructions:

- We realize that it will take you some time to complete this form. It is important that the Family Health History form is completed as thoroughly as possible. You may need to speak with other family members to make sure this information is correct. Using this information will be very important in determining if you or your family has an increased risk of developing certain types of cancers.
- If there is not enough space for all relatives to be listed, use a separate piece of paper
- Please include all blood relatives whether or not they have had cancer

Returning this form

Please try to return this form PRIOR to the genetic counseling appointment. You can return this form in one of three ways:

- Email to cagurganus@health.southalabama.edu
- Fax to 251-445-8379
- Mail back in envelope provided for those who received a mailed questionnaire or mail to address: Cassandra Gurganus
1660 Springhill Ave
Mobile, AL 36604

Name _____ DOB _____

You, Your Parents & Your Grandparents

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
You					
Your Mother					
Your Father					
Your Mother's Mother					
Your Mother's Father					
Your Father's Mother					
Your Father's Father					

Your Children

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Daughter #1					
Daughter #2					
Daughter #3					
Son #1					
Son #2					
Son #3					

Name _____ DOB _____

Your Brothers and Sisters

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Sister #1					
Sister #2					
Sister #3					
Brother #1					
Brother #2					
Brother #3					

Your Nieces and Nephews
(Children of your Brothers & Sisters)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Niece 1/Parent					
Niece 2/Parent					
Niece 3/Parent					
Nephew 1/Parent					
Nephew 2/Parent					
Nephew 3/Parent					

Name _____ DOB _____

Your Maternal Aunts and Uncles
(Mother's side of the family)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Mother's sister #1					
Mother's sister #2					
Mother's sister #3					
Mother's brother #1					
Mother's brother #2					
Mother's brother #3					

Maternal Cousins
(Children of Your Mother's Brothers & Sisters)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Cousin #1/Parent					
Cousin #2/Parent					
Cousin #3/Parent					
Cousin #4/Parent					
Cousin #5/Parent					
Cousin #6/Parent					

Name _____ DOB _____

Your Paternal Aunts and Uncles
(Father's side of the family)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Father's sister #1					
Father's sister #2					
Father's sister #3					
Father's brother #1					
Father's brother #2					
Father's brother #3					

Paternal Cousins
(Children of Your Father's Brothers & Sisters)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Cousin #1/Parent					
Cousin #2/Parent					
Cousin #3/Parent					
Cousin #4/Parent					
Cousin #5/Parent					
Cousin #6/Parent					

Name _____ DOB _____

Other Relatives

(Any other relatives affected with cancer not mentioned on other pages)

First, Last and Maiden Name	Current Age	Age at Death	Affected with Cancer? (yes or no)	Location of Cancer (Ex. Breast, Lung, etc)	Age at Cancer Diagnosis
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					
Relation: _____ Name: _____					