Kingston General Hospital
Cancer Centre of Southeastern Ontario

Familial Oncology Program
25 King St. West
Kingston, Ontario
K7L 5P9
Tel: (613) 544-2631 ext. 2800
Fax: 613-545-5722

Patient Label

FAMILY HISTORY FORM

You

Have you had cancer? □NO □YES If yes, what type and at what age?_________________

For any relatives with cancer, please complete the table below

Your Children *Has anyone had cancer?*

Number of biological daughters: ____ □NO □YES
Number of biological sons:____ □NO □YES

Your Brothers and Sisters *Has anyone had cancer?*

Number of full sisters: ______ .... □NO □YES
Number of full brothers:_____ .... □NO □YES
Number of half-sisters: _____ Same mom or dad? ___________ □NO □YES
Number of half-brothers: ____ Same mom or dad? ___________ □NO □YES

Mother's Side *Has anyone had cancer?*

Mother: Is she still living? □YES □NO Age <u>or</u> age at death: _______ □NO □YES
Grandmother: Is she still living? □YES □NO Age <u>or</u> age at death: _______ □NO □YES
Grandfather: Is he still living? □YES □NO Age <u>or</u> age at death: _______ □NO □YES
Aunts: How many do you have? ________ .... □NO □YES
Uncles: How many do you have? ________ .... □NO □YES

Father's Side *Has anyone had cancer?*

Father: Is he still living? □YES □NO Age <u>or</u> age at death: ______ □NO □YES
Grandmother: Is she still living? □YES □NO Age <u>or</u> age at death: ______ □NO □YES
Grandfather: Is he still living? □YES □NO Age <u>or</u> age at death: ______ □NO □YES
Aunts: How many do you have? ________ .... □NO □YES
Uncles: How many do you have? ________ .... □NO □YES

Ancestry: Is there any Ashkenazi Jewish ancestry in your family?
□No □Yes, on mother's side □Yes, on father's side □Yes, on both sides of family

Information about Cancers in the Family
If you don't know a relative's age at cancer diagnosis, please give their <u>approximate</u> age
If you wish to provide additional information, please attach another sheet

First Name	Last Name	Mom's or Dad's Side	Relationship	Type of Cancer	Age at Diagnosis *	Alive <u>or</u> Deceased?
I.e. Lila	Black	Dad's	Aunt	Breast	65	Deceased

Genetic Testing: Have any relatives been seen in Genetics? □NO □YES..................If yes, provide:
Full name of relative: ________________________ Relationship to you (i.e. mother): ______________
Name of their genetics clinic: __________________ Genetic Result (if tested): ____________________