

Family History Collection Form

IMPORTANCE

- Use this form to help start a conversation with your family and collect information about cancer and other medical conditions (for example, heart or kidney disease) in your family.
- A family history of cancer may mean you are at risk for developing certain inherited cancers, such as breast, ovarian, colon, and pancreatic cancer.
- Inherited gene mutations, lifestyle choices, and other factors may affect your risk for cancer or other medical conditions. Knowing your family history can help to understand this risk.



HOW TO USE

- Fill out this form to the best of your ability. Some important information is the type of cancer or other medical condition and age at diagnosis. If you do not know exact ages, give an estimate.
- Take this form to your healthcare provider to discuss your family history of cancer and your risks for inherited cancer.
- Genetic counseling is the process of helping people understand their inherited cancer risk.
- You may use the following NSGC website to locate a genetic counselor near you: <https://findageneticcounselor.nsgc.org/>



	Family Members with History of Cancer or Other Medical Condition	Type of Cancer or Other Medical Condition	Age at Diagnosis
Mother's Side of the Family (including mother, grandparents, aunts, uncles, and cousins)	<i>Example: Grandmother</i>	<i>Example: Breast Cancer</i>	<i>Example: 50</i>
Father's Side of the Family (including father, grandparents, aunts, uncles, and cousins)			
Other Family Members (including children, siblings, nieces, nephews, and other family members)			
You			

Please check the following that apply to your personal and/or family history:

- | | |
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| <input type="checkbox"/> Breast, colon, and/or uterine or endometrial cancer at age 50 or younger | <input type="checkbox"/> Male breast cancer at ANY age |
| <input type="checkbox"/> Triple negative breast cancer at age 60 or younger | <input type="checkbox"/> A known mutation in an inherited cancer risk gene |
| <input type="checkbox"/> Ovarian or fallopian tube cancer at ANY age | <input type="checkbox"/> Breast, ovarian, pancreatic, and/or prostate cancer in multiple individuals on the same side of the family |
| <input type="checkbox"/> Ashkenazi Jewish ancestry | <input type="checkbox"/> Colon, ovarian, and/or uterine or endometrial cancer in multiple individuals on the same side of the family |

If you have checked any of the above, or you have any other conditions that run in your family, you should consider making an appointment with a genetic counselor for genetic risk evaluation.