Karmanos CANCER INSTITUTE | McLaren FLINT

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Family History Questionnaire

Name ______________________________________ Date______________

Relative	Medical History (Hypertension, Heart Disease, Diabetes, etc.)	Cancer History (Breast, Ovarian, Prostate, Colon, etc.)	Age at Cancer Diagnosis	Age at Death
Mother				
Mother's Mother				
Mother's Father				
Father				
Father's Mother				
Father's Father				

Brother(s) or Sister(s) – circle one	Medical History	Cancer History	Age at Cancer Diagnosis	Age at Death
Brother Sister				
Brother Sister				
Brother Sister				
Brother Sister				

Son(s) or Daughter(s) – circle one	Medical History	Cancer History	Age at Cancer Diagnosis	Age at Death
Son Daughter				
Son Daughter				
Son Daughter				
Son Daughter				

Other Relatives (example – Mom's Sister)	Medical History	Cancer History	Age at Cancer Diagnosis	Age at Death