Thunder Bay Regional Health Sciences Centre

CLINICAL GENETICS PROGRAM

FAMILY HISTORY FORM (CANCER)

Place Patient Label with Barcode Here

DATE: _____

Dear: _____

You have been referred to our program by _____ because of your personal and/or family history of cancer.

Please return this form by _____. We will determine your eligibility to be seen in Genetics after we have received your completed questionnaire.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM:

- Please include **all** biological family members requested, even if they have **not** had cancer.
- We need to know which people in your family have had (or currently have) cancer, the type of cancer they had and the age at which they were diagnosed with cancer.
- Approximate ages are acceptable.
- Please provide as much information as possible about your family. If there is any information you do not know, perhaps someone in your family will be able to help you, otherwise please enter "unknown".

All the information that you give will be held in confidence in the Clinical Genetics Program.

Your Details:

Home Tel/ Cellular Tel:	Daytime Tel:
Pronouns (Ex. he/him, she/her, they/them):	A good time to contact me between 8:30am and 4:30pm is:
Is it OK to leave a brief message if you are not available?: ☐ YES ☐ NO	
Primary Health Care Professional (include address):	
Have you/your relatives seen a Geneticist or Genetic Counsellor in the past? If yes, please provide details.	

ANCESTRY – We ask this because some inherited cancers are more common in certain populations. (Example "Scottish", "African", "Indigenous")

Father's Ancestry: _____

Mother's Ancestry: _____

TGENFAMHIST

Genetics # _____

Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	If you or your relatives have/had cancer		
					Type of Cancer	Age at Diagnosis	Hospital where treated (or town/city if unknown)
Self		☐ M ☐ F ☐ _____		N/A			
Your Own Children *Circle as appropriate		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
Your Siblings (Full or Half) *If half, please circle which parent you share	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					
	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					
	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					
	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					
	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					
	☐ Full ☐ Half* (Mother / Father)	☐ M ☐ F ☐ _____					

Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	If your relatives have/had cancer		
					Type of Cancer	Age at Diagnosis	Hospital where treated (or town/city if unknown)
Your Mother		☐ M ☐ F ☐ _____					
Your Father		☐ M ☐ F ☐ _____					
Your Mother's Mother *(Your Grandmother)*		☐ M ☐ F ☐ _____					
Your Mother's Father *(Your Grandfather)*		☐ M ☐ F ☐ _____					
Your Father's Mother *(Your Grandmother)*		☐ M ☐ F ☐ _____					
Your Father's Father *(Your Grandfather)*		☐ M ☐ F ☐ _____					
Your Mother's Siblings *(Your Aunts and Uncles)* *If half, please indicate shared parent (Use last page if more space is needed)		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					

Relative	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	If your relatives have/had cancer		
					Type of Cancer	Age at Diagnosis	Hospital where treated (or town/city if unknown)
Your Father's Siblings *(Your Aunts and Uncles)* *If half, please indicate shared parent (Use space below if more space is needed)		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					

Relative (Indicate side of family and related parent of cousins)	Full Name (Include maiden name and any previous names)	Sex assigned at birth (Indicate gender expression if different)	Date of Birth (approx. year if unknown)	Date of Death if deceased (approx. year if unknown)	Type of Cancer	Age at Diagnosis	Hospital where treated (or town/city if unknown)
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					
		☐ M ☐ F ☐ _____					