FAMILY HISTORY FORM

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

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 or age at death: ______ □NO □YES
Grandmother: Is she still living? □YES □NO Age or age at death: ______ □NO □YES
Grandfather: Is he still living? □YES □NO Age or 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 or age at death: ______ □NO □YES
Grandmother: Is she still living? □YES □NO Age or age at death: ______ □NO □YES
Grandfather: Is he still living? □YES □NO Age or 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 approximate age
If you wish to provide additional information, please attach another sheet

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Mom’s or Dad’s Side</th>
<th>Relationship</th>
<th>Type of Cancer</th>
<th>Age at Diagnosis *</th>
<th>Alive or Deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.e. Lila</td>
<td>Black</td>
<td>Dad’s Aunt</td>
<td>Aunt</td>
<td>Breast</td>
<td>65</td>
<td>Deceased</td>
</tr>
</tbody>
</table>

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): ____________________________