



My Cancer Family History

CANCER CHANGES EVERYTHING. CANCERCARE® CAN HELP.

This template can help you collect information about cancer within your family, which can be useful to your health care team. The “Notes” section can be used to record treatment types, biomarker testing results and any other information such as a history of smoking or exposure to cancer-causing substances (carcinogens).

MATERNAL (MOTHER’S) SIDE OF FAMILY

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____



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PATERNAL (FATHER'S) SIDE OF FAMILY

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

Name: _____

Relationship: _____ Age at diagnosis: _____

Cancer type: _____

Ethnicity: _____

Notes: _____

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