



Hackensack  
Meridian *Health*

JSUMC

1945 Route 33  
Neptune, NJ 07754

OMC

425 Jack Martin Blvd  
Brick, NJ 08724

RMC

1 Riverview Plaza  
Red Bank, NJ 07701

Family History Questionnaire
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Name: \_\_\_\_\_  
(last) (maiden) (first) (middle)

**Please read these instructions before beginning the Family History Questionnaire.**

- Please enter family history information to the best of your ability. If you are unable to determine exact dates, please estimate current age, age at cancer diagnosis, and/or age at death.
- When listing the name of any relative, please be sure to include both the last name and maiden name.
- Please put the maiden name in parentheses after the last name.
- If there is not enough space for all relatives to be listed, please list answers on a separate sheet of paper.
- Please include all blood relatives whether or not they have had cancer.
- Please consult other family members, if necessary, to increase the accuracy of this information.

**Have you or any of your family members ever had genetic testing for cancer susceptibility?**

**Yes**

**No**

*If yes, please attach copies of the laboratory report(s) of their genetic test results to this questionnaire, or bring the report(s) with you at the time of your appointment.*

***You, Your Parents & Your Grandparents***

<b>Name First, Last and Maiden Name</b>	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
You						
Your mother						
Your father						
Your mother's mother						
Your mother's father						
Your father's mother						
Your father's father						

***Your Brothers & Sisters***

<b>Name First, Last and Maiden Name</b>	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Sister 1						
Sister 2						
Sister 3						
Brother 1						
Brother 2						
Brother 3						

***Your Children***

<b>Name First, Last and Maiden Name</b>	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Daughter 1						
Daughter 2						
Daughter 3						
Son 1						
Son 2						
Son 3						

***Your Aunts & Uncles (on your mother's side)***

<b>Name First, Last and Maiden Name</b>	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Mother's sister 1						
Mother's sister 2						
Mother's sister 3						
Mother's brother 1						
Mother's brother 2						
Mother's brother 3						

***Your Aunts & Uncles (on your father's side)***

<b>Name First, Last and Maiden Name</b>	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Father's sister 1						
Father's sister 2						
Father's sister 3						
Father's brother 1						
Father's brother 2						
Father's brother 3						

***Nieces & Nephews (children of your brothers & sisters)***

<b>Name First, Last and Maiden Name</b> (name of individual's parent)	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Niece 1 (parent)						
Niece 2 (parent)						
Niece 3 (parent)						
Nephew 1 (parent)						
Nephew 2 (parent)						
Nephew 3 (parent)						

***Cousins (children of your mother's brothers and sisters)***

<b>Name First, Last and Maiden Name</b> (name of cousin's parent)	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Cousin 1 (parent)						
Cousin 2 (parent)						
Cousin 3 (parent)						
Cousin 4 (parent)						
Cousin 5 (parent)						

***Cousins (children of your father's brothers and sisters)***

<b>Name First, Last and Maiden Name</b> (name of individual's parent)	<b>Current age</b>	<b>Age at death</b>	<b>Affected with cancer? Yes or No</b>	<b>Location of Cancer (breast, lung, etc.)</b>	<b>Age of Cancer Diagnosis</b>	<b>Hospital, City where diagnosed</b>
Cousin 1 (parent)						
Cousin 2 (parent)						
Cousin 3 (parent)						
Cousin 4 (parent)						
Cousin 5 (parent)						