

## The John D. Cronin Cancer Center

KentuckyOne Health Office Park 1401 Harrodsburg Road, A-100 | Lexington, KY 40504 859.258.6520

## **Richmond Regional Oncology Center**

793 Eastern Bypass, Suite G2 | Richmond, KY 40475 859.626.9003

## PERSONAL CANCER HISTORY INFORMATION

	LAST	FIRST	MIDDLEINITIAL		MONTH/DAY/YEAR	
Address:	s:		City		Zip	
Phone:		Email:				

Mother and Father

Children

Grandparents

- Nieces and Nephews
- Brothers and sisters (including half-siblings)
- First Cousins

Aunts and Uncles

Grandchildren

The discussion of your family history will be focused on the diagnoses of cancer in your family. Please list in the chart below family members who have been diagnosed with cancer.

Please include the following:

- Type of cancer (including cancer site and type if known. For example: invasive ductal breast cancer or prostate cancer.)
- Include only the primary site of the cancer, not metastatic sites (for example, if an individual was diagnosed with colon cancer that spread to the liver, you only need to list colon cancer.)
- · Age at diagnosis

Thank you for completing this form. Please bring the form with you to your first appointment to review with your provider.

Relative's Name	Relationship to You	Status	Current Age or Age at Death	Cancer Type	Age at Time of Cancer Diagnosis
		☐ LIVING ☐ DECEASED			
		☐ LIVING ☐ DECEASED			
		☐ LIVING ☐ DECEASED			
		☐ LIVING ☐ DECEASED			
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