Family History Form

In order for us to provide you with the best health care possible, we need information from you about your family history of cancer. We have included a sample family history for you to refer to below. We will review your family history in more detail at the time of your visit. Please use the back or make copies of this form if you need more space. If you have any questions, please do not hesitate to call us at (617) 632-6876.

Instructions: Please fill out the indicated information for ALL FAMILY MEMBERS, whether or not they have had cancer, as completely as possible, circling whether the relative is male or female. For additional relatives, please copy this form or use the back. If the person is deceased, please mark age at death with a “d.” in front (e.g. d. 79 indicates the person died at age 79). Please include ancestry of both sides of the family.