Name:	DOB:
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The following table is designed to help you collect the necessary family history information for your upcoming risk assessment visit. Please complete the table as accurately as possible. We give you this form in advance so that you can collect and confirm as much information as possible **PRIOR** to your visit. If you have additional relatives with cancer who are not listed on the form, please write them in the empty spaces. Also, please indicate if any of your relatives have had breast cancer in both breasts.

Relative	Male or Female	Living or Deceased	Current age or Age of	Did this relative have	Type of Cancer	Age of Diagnosis
			Death	cancer? Y/N		
Mother	F		Death	cancer: 1710		
Father	M					
Maternal Grandmother	F					
Maternal Grandfather	M					
Paternal Grandmother	F					
Paternal Grandfather	M					
Sibling						
Sibling						
Sibling						
Maternal Aunt	F					
Maternal Aunt	F					
Maternal Aunt	F					
Maternal Uncle	M					
Maternal Uncle	M					
Maternal Uncle	M					
Paternal Aunt	F					
Paternal Aunt	F					
Paternal Aunt	F					
Paternal Uncle	M					
Paternal Uncle	M					
Paternal Uncle	M					
Daughter	F					
Daughter	F					
Daughter	F					
Son						
Son						
Son						