**Lynch Syndrome Family History Form**

Relation 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| Mother  Father  Sister  Brother  Maternal Aunt  Maternal Uncle  Maternal Grandmother  Maternal Grandfather  Maternal Cousin  Paternal Aunt  Paternal Uncle  Paternal Grandmother  Paternal Grandfather  Paternal Cousin  Other ………………………. |  | Colorectal  Ovarian  Uterine  Renal  Ureter  Small Bowel  Pancreatic  Gastric  Hepatobiliary  Glioblastoma  Sebaceous Adenoma  Sebaceous Epithelioma  Keratoacanthoma Sebaceous Carcinoma  Other …............................... [please try to write the specific name of the cancer] |  | …………………… years |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Relation 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| Mother  Father  Sister  Brother  Maternal Aunt  Maternal Uncle  Maternal Grandmother  Maternal Grandfather  Maternal Cousin  Paternal Aunt  Paternal Uncle  Paternal Grandmother  Paternal Grandfather  Paternal Cousin  Other ………………………. |  | Colorectal  Ovarian  Uterine  Renal  Ureter  Small Bowel  Pancreatic  Gastric  Hepatobiliary  Glioblastoma  Sebaceous Adenoma  Sebaceous Epithelioma  Keratoacanthoma Sebaceous Carcinoma |  | …………………… years |

Relation 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| Mother  Father  Sister  Brother  Maternal Aunt  Maternal Uncle  Maternal Grandmother  Maternal Grandfather  Maternal Cousin  Paternal Aunt  Paternal Uncle  Paternal Grandmother  Paternal Grandfather  Paternal Cousin  Other ………………………. |  | Colorectal  Ovarian  Uterine  Renal  Ureter  Small Bowel  Pancreatic  Gastric  Hepatobiliary  Glioblastoma  Sebaceous Adenoma  Sebaceous Epithelioma  Keratoacanthoma Sebaceous Carcinoma |  | …………………… years |

Relation 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| Mother  Father  Sister  Brother  Maternal Aunt  Maternal Uncle  Maternal Grandmother  Maternal Grandfather  Maternal Cousin  Paternal Aunt  Paternal Uncle  Paternal Grandmother  Paternal Grandfather  Paternal Cousin  Other ………………………. |  | Colorectal  Ovarian  Uterine  Renal  Ureter  Small Bowel  Pancreatic  Gastric  Hepatobiliary  Glioblastoma  Sebaceous Adenoma  Sebaceous Epithelioma  Keratoacanthoma Sebaceous Carcinoma |  | …………………… years |