**Lynch Syndrome Family History Form**

Relation 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| MotherFatherSisterBrotherMaternal AuntMaternal UncleMaternal GrandmotherMaternal GrandfatherMaternal CousinPaternal AuntPaternal UnclePaternal GrandmotherPaternal GrandfatherPaternal CousinOther ………………………. |  | ColorectalOvarian Uterine RenalUreter Small BowelPancreaticGastric HepatobiliaryGlioblastoma Sebaceous AdenomaSebaceous EpitheliomaKeratoacanthoma Sebaceous CarcinomaOther …............................... [please try to write the specific name of the cancer] |  | …………………… years |
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Relation 2

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| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| MotherFatherSisterBrotherMaternal AuntMaternal UncleMaternal GrandmotherMaternal GrandfatherMaternal CousinPaternal AuntPaternal UnclePaternal GrandmotherPaternal GrandfatherPaternal CousinOther ………………………. |  | ColorectalOvarian Uterine RenalUreter Small BowelPancreaticGastric HepatobiliaryGlioblastoma Sebaceous AdenomaSebaceous EpitheliomaKeratoacanthoma Sebaceous Carcinoma |  | …………………… years |

Relation 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| MotherFatherSisterBrotherMaternal AuntMaternal UncleMaternal GrandmotherMaternal GrandfatherMaternal CousinPaternal AuntPaternal UnclePaternal GrandmotherPaternal GrandfatherPaternal CousinOther ………………………. |  | ColorectalOvarian Uterine RenalUreter Small BowelPancreaticGastric HepatobiliaryGlioblastoma Sebaceous AdenomaSebaceous EpitheliomaKeratoacanthoma Sebaceous Carcinoma |  | …………………… years |

Relation 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to you : |  | Cancer they had : |  | Age of Diagnosis : |
| MotherFatherSisterBrotherMaternal AuntMaternal UncleMaternal GrandmotherMaternal GrandfatherMaternal CousinPaternal AuntPaternal UnclePaternal GrandmotherPaternal GrandfatherPaternal CousinOther ………………………. |  | ColorectalOvarian Uterine RenalUreter Small BowelPancreaticGastric HepatobiliaryGlioblastoma Sebaceous AdenomaSebaceous EpitheliomaKeratoacanthoma Sebaceous Carcinoma |  | …………………… years |