

# KNOW YOUR FAMILY MEDICAL HISTORY

This Knowledge Can be Life-Saving

Please fill in the name and type of cancer of each family member affected.

	Breast, Ovarian, Male Breast, Pancreatic or Prostate Cancer	Age Diagnosed
Yourself		
Sons/Daughters		
Sisters		
Brothers		
Mother's Side:		
Mother		
Grandmother		
Grandfather		
Aunts		
Uncles		
Cousins		
Father's Side:		
Father		
Grandmother		
Grandfather		
Aunts		
Uncles		
Cousins		

**Have you or any family member had:**

- ovarian or fallopian tube cancer at any age?
- breast cancer at age 50 or younger?
- more than one breast cancer diagnosis?
- both breast and ovarian cancer?
- triple negative breast cancer?
- Eastern European (Ashkenazi) Jewish ancestry and a history of breast or ovarian cancer
- male breast cancer

**Have more than one member on the same side of the family had:**

- breast cancer?
- ovarian or fallopian tube cancer?
- prostate cancer?
- pancreatic cancer?

If you answered yes to any of these items, schedule a no-cost appointment to speak with a genetics counselor. To receive support and information, visit [www.hopessource.org](http://www.hopessource.org) or call our patient support helpline at 800-345-7201

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