



Sample Family Tree

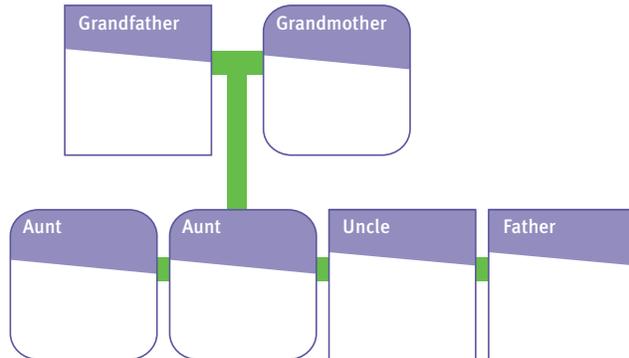
www.bccancer.bc.ca/hereditarycancer

Date completed (DD/MM/YY): _____

- Use this form or copy it on your own paper
- Add, delete, or change boxes as needed.
Include other relatives with cancer (cousins, children, etc.)

- Fill in the boxes to the best of your knowledge
- Type of cancer and age it was diagnosed are important
- If you see a pattern of cancer on either side of your family, bring your family tree to your doctor

My father's side of the family:



My mother's side of the family:

