## **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		
<ol> <li>ovarian or fallo</li> <li>breast cancer</li> <li>more than one</li> <li>both breast an</li> <li>triple negative</li> <li>Eastern Europhistory of brea</li> </ol>	Have more than one member on the same side of the family had:  1. breast cancer?  2. ovarian or fallopian tube cancer?  3. prostate cancer?  4. pancreatic cancer?	
7. Male breast cancer		

If you answered yes to any of these items, see a genetics expert and contact FORCE now. For more information on talking to your family, visit <u>facingourrisk.org/familyhistory.</u>

