

**FAMILY HISTORY ENQUIRY FORM****Please note the following when completing your questionnaire:**

- Please give us details of those family members who have not had cancer. This is important in assessing your cancer risk.
- If you do not know the exact date of birth and/ or death, or where a person was treated, please put approximate dates and ages and where in the country that person lived.
- Try to complete all sections, if some are not relevant then please put N/A for not applicable.
- Some first names can be used for males or females, or are unusual. Please could you put Male or Female in the appropriate column.
- The more details you provide, the more accurate your assessment can be

Name .....

Date of birth .....

Address .....

GP Name .....

.....

GP Address .....

.....

.....

Tel No: Day.....

Evening.....

Mobile .....

We may contact you by phone if we need any further details. In order to respect patient confidentiality, we will not disclose where we are calling from to anyone apart from yourself, without your permission.

- I am happy for you to disclose where you are calling from should someone other than myself answer the phone YES / NO
- I would prefer to receive a letter from you, asking me to call the department, should you need any further details.

If you know of any one else in your family who has undergone genetic testing or has been seen by a genetics service it would be helpful to provide a few details here.

Name: ..... Date of birth: .....

Genetics Service where seen .....

Other information, if known

Please complete the form below, giving as much information as possible about your immediate (blood) relatives, including those who have not had cancer. If there is any information you do not know, perhaps someone in your family will be able to help you, otherwise leave that box empty. You may find it easier to start on the row that refers to your mother and complete all boxes relating to her before you start on the next member of your family. All the information you give will be held in confidence in the Clinical Genetics Department

Relative	Name (including maiden and any previous names)	Date of Birth	Alive Y/N	Date of death	If your relatives suffered from cancer .....		
					Where cancer occurred	Age when cancer found	Hospitals where treated (+name of specialist if known)
Your Own Children	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Your sisters full or half (if half, please state through mother or father)	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Your brothers full or half (if half, please state through mother or father)	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Your mother							
Your father							

continue overleaf.....

Relative	<b>Name</b> (including maiden and any previous names)	Date of Birth	Alive Y/N	Date of death	If your relatives suffered from cancer .....		
					Where cancer occurred	Age when cancer found	Hospitals where treated (+name of specialist if known)
Your mother's mother							
Your mother's father							
Your father's mother							
Your father's father							
Your mother's brothers and sisters	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Your father's brothers and sisters	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Other relatives affected with cancer	<i>Please state how they are related to you</i> E.g. mother's father's grandmother. _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

continue overleaf.....

Some types of genetic cancer are slightly more common in Jewish families. Are you or any of your immediate family Jewish? Yes  No

**Please complete this section if you are a woman who has a family history of breast or ovarian cancer.**

- At what age did your periods start? .....
- At what age did you go through menopause? .....(if appropriate)
- Are you taking the contraceptive pill? Yes  No
- For how many years of your life have you been on the contraceptive pill (if at all)? .....
- Are you taking Hormone Replacement Therapy (HRT)? Yes  No  If yes for how long?.....
- Have you ever had any problems with your breasts? If so please describe nature, including dates, hospital and names of specialists seen.

Please feel free to use a separate sheet of paper if you wish.

**Have you suffered from any major illnesses, in particular have you had any form of cancer yourself? Please give details including dates, hospital and names of specialists seen and any medication.**

Please feel free to use a separate sheet of paper if you wish.

Think about the cancer in your family

- What do you think your risk of developing this cancer is compared with someone in the general population?
- Much less  Slightly less  Same as  Slightly higher  Much higher
- What do you think your chances are of developing this cancer in your lifetime?  
Please mark on the line with an arrow

No chance |-----| Complete certainty of getting  
 0% |-----| 50% |-----| 100% cancer

What are your main questions that you would like to discuss with the genetics service?

Please feel free to use a separate sheet of paper if you wish.