For office use only
G No

## 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					
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.						
<ul> <li>I am happy for you to disclose where you are calling from should someone other than myself answer the phone YES / NO</li> </ul>						
• 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 underg	gone genetic testing or has been seen by a					
genetics service it would be helpful to provide a few details here.						
Name:						
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 suffere Where cancer occurred	ed from cancer 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							

Relative	Name (including maiden and any previous names)	Date of Birth	Alive Y/N	Date of death	If your relatives suffere Where cancer occurred	ed from cancer 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							
3131013							
Your father's brothers and							
sisters							
Other relatives affected with	Please state how they are related to you  E.g. mother's father's grandmother.						
cancer							

Some types of gene	tic cancer are sli	ghtly more common in Je	wish families. Are you or any o	of your immediate
family Jewish?	Yes <sup>●</sup>	No <sup>●</sup>		
-	_		s a family history of breast or	r ovarian cancer.
At what age did	your periods star	rt?		
At what age did	you go through r	nenopause?	(if appropriate)	
Are you taking t	he contraceptive	pill? Yes No		
• For how many y	ears of your life h	nave you been on the cor	ntraceptive pill (if at all)?	
Are you taking I	Hormone Replace	ement Therapy (HRT)? Yo	es No If If yes for ho	ow long?
Have you ever hand names of s	• .	s with your breasts? If so	please describe nature, includ	ing dates, hospital
Please feel free to use	e a separate sheet o	of paper if you wish.		
Please feel free to us	e a separate sheet o	of paper if you wish.		
Think about the car  What do you thi	•		ompared with someone in the g	eneral population?
Much less	Slightly less [	Same as	Slightly higher Mu	ch higher
	ink your chances the line with an a	are of developing this ca arrow	ncer in your lifetime?	
No chance 0%		50%	Complete certain 100% cancer	ity of getting
What are your main	questions that yo	ou would like to discuss w	vith the genetics service?	

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