

GC

Northern Genetics Service

Family History Information Form

In some families there is an inherited tendency to cancer. In others, the cancers in the family occur by chance. We have been asked to assess your family history of cancer to see which of these applies to your family. In order for us to do this we need information about you and your relatives.

Please fill in this form with as much detail as possible. If this is difficult for you, the practice nurse at your local GP surgery may be able to help you – all you need to do is contact the surgery and ask for an appointment with her. **We will treat all information confidentially and we will not use it to contact any of your relatives.**

We ask for dates of birth, dates of death and addresses because this helps us confirm details of a relative's illness. If you do not know a relative's exact date of birth or date of death it is still helpful for us to know the year they were born or died. If you do not know a relative's address it is still helpful for us to know the village or town where they live / lived at the time of their illness.

Once you have filled in this form, please return it using the envelope provided. We will then contact you to let you know our assessment. We may ask you to come to a family history clinic to discuss your family history in more detail.

If you need more space, please write on a separate piece of paper.

Has any member of your family been seen by Genetics before? YES / NO

If they are happy to provide their details, please give them here.

Please tell us about **you**:

Your name:
Your date of birth:
Your telephone number including STD code: (in case we need to talk to you)
Your full postal address:
Do you have any health problems? If so, please tell us here:

Please tell us about **your sons or daughters**:

- How many sons do / did you have? _____
- How many daughters do / did you have? _____

If any of them have had cancer, please tell us about them here:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			

Please tell us about **your parents**:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Your Mother (full name) Address:			
Your Father (full name) Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please tell us about **your brothers and sisters**:

- How many brothers do / did you have? _____
- How many sisters do / did you have? _____
- If any of them have had cancer, please tell us about them here:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			

Please tell us about your **mother's parents**:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please tell us about your **mother's brothers and sisters**:

- How many brothers does / did your mother have? _____
- How many sisters does / did your mother have? _____

If any of them have had cancer, please tell us about them here:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please tell us about your **father's parents**:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please tell us about your **father's brothers and sisters**

- How many brothers does / did your father have? _____
- How many sisters does / did your father have? _____

If any of them have had cancer, please tell us about them here:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			
Full Name: Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please tell us about **any other relatives** (for example children, nieces, nephews, cousins, great aunts, great uncles) who you think have had cancer. Please describe **exactly** how each person is related to you:

	Date of Birth	Alive? Yes / No If NO please give date of death:	Cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Relationship to you: Address:			
Full Name: Relationship to you: Address:			
Full Name: Relationship to you: Address:			
Full Name: Relationship to you: Address:			

	Date of Birth	Is he/she alive? Yes / No If NO please give date of death:	Does/did he/she have cancer? Yes / No If YES please tell us the type of cancer(s) and the age at diagnosis
Full Name: Relationship to you: Address:			
Full Name: Relationship to you: Address:			
Full Name: Relationship to you: Address:			

It is important that you let us know your relatives' addresses or at least the area/town in which they lived at the time of their illness. This is still needed even if your relative has died.

Please use this space to write down any other information that you feel might be useful.

GC:	Name:
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PATHWAY

REFERRER	
REFERRAL DATE	
FHQ OUT	
FHQ BACK	
VERIFICATION	
BOOK APPT	
FIRST APPT	

OUTCOME

PRIMARY CARE	
MGA	
SITE _____	
GENETICS	
SITE _____	
GA / SpR / CONS	
FTA	

TYPE

BR ONLY	
BR/OV	
OV ONLY	
BRCA MUT	
CRC ONLY	
HNPCC	
UPPER GI	
UROL	
OTHER SITE	
RARE	

SURVEILLANCE

MAMMOGRAPHY	
COLONOSCOPY	
GYNAE	
OTHER	
RISK REDUCING SURGERY	
SITE:	
PSYCH	
VIA:	

RISK

PRIOR	L / M / H / Ua / Uk
FHQ	L / M / H / Ua / Uk
CA REG	L / M / H / Ua / Uk
FINAL	L / M / H / Ua / Uk
NICE	L / M / H / Ua / Uk

DNA TAKEN	ACTIVATED	YES / NO
	STORED	YES / NO
		RESULT
MSI	YES / NO	