

# SOUTH WEST THAMES REGIONAL GENETICS SERVICE

## FAMILY CANCER QUESTIONNAIRE

You have been referred to the Clinical Genetics Service because of a history of cancer in your family.

**It is necessary for you to complete this questionnaire and send it to us in advance of your appointment if we are to assess the significance of your family history for yourself and your relatives.**

Please give as much information as you can about your immediate (blood), living and deceased relatives. Include details about those who have not had cancer as this helps in assessing your own risk. If there is any information that you do not know, perhaps someone else in your family may be able to help you.

We ask your ethnic group because we recognise that some cancers are more common in certain ethnic groups. In particular we ask about Jewish and Polish ancestry as some specific gene changes are more common in that group. All the information will be held in confidence at the Clinical Genetics Unit

If you have any questions about completing this form or about your clinic appointment please contact us on 020 8725 5296. Further copies of this questionnaire are available at:  
<http://www.southwestthamesgenetics.nhs.uk/>

Surname \_\_\_\_\_

First names \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email address, if you are happy to be contacted by this means

\_\_\_\_\_@\_\_\_\_\_

GP Address \_\_\_\_\_  
 \_\_\_\_\_

**Do you have any Jewish/Polish ancestry?**

Yes  No

Please tick this box if you do not allow us to share your family history information with other Genetics services

**\*Have you or any other members of your family attended a genetics department before? **If yes,****

Name \_\_\_\_\_

Where \_\_\_\_\_

When \_\_\_\_\_

**Ethnic Origin. (Please tick appropriate box)**

- White – British
- White – Irish
- Any other white background
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Caribbean
- African
- Any other black background
- Chinese
- Any other ethnic group
- Not stated

RELATIVE	FULL NAME (including maiden name and any previous names)	ADDRESS	DATE OF BIRTH (or approx. year if unknown)	ALIVE Y/N	DATE OF DEATH (or approx. year if unknown)	Type of cancer (if any) (if breast or renal, please specify if in <b>one</b> or <b>two</b> )	Age at diagnosis	Hospitals where treated (town/city if unknown)
Self								
Your own Children								
Your sisters	Full	Half						
Your brothers	Full	Half						
Your mother								
Your father								

Please ensure you complete details for **all** family members (i.e., those who have had cancer and those who have not had cancer)

RELATIONSHIP TO YOU	FULL NAME (including maiden name and any previous names)	ADDRESS	DATE OF BIRTH (or approx. year if unknown)	ALIVE Y/N	DATE OF DEATH (or approx. year if unknown)	Type of cancer (if any) (if breast or renal, please specify if in <b>one</b> or <b>two</b> )	Age at diagnosis	Hospitals where treated (town/city if unknown)
Your mother's mother								
Your mother's father								
Your father's mother								
Your father's father								
Your mother's brothers and sisters <i>(affected and unaffected)</i>								
Your father's brothers and sisters <i>(affected and unaffected)</i>								

Please ensure you complete details for **all** family members (i.e., those who have had cancer and those who have not had cancer)

OTHER RELATIVES	FULL NAME (including maiden name and any previous names)	ADDRESS	DATE OF BIRTH (or approx. year if unknown)	ALIVE Y/N	DATE OF DEATH (or approx. year if unknown)	Type of cancer (if any) (if breast or renal, please specify if in <b>one</b> or <b>two</b> )	Age at diagnosis	Hospitals where treated (town/city if unknown)

Feel free to use this space to make a few notes or questions that you would like to discuss at your appointment.

**\*PLEASE SEND US A COPY OF ANY DOCUMENTS OR GENETIC TEST RESULTS WHICH MAY HELP OUR ASSESSMENT OF YOUR FAMILY HISTORY WITH THIS QUESTIONNAIRE.**

Return address: Southwest Thames Regional Genetics Service, St Georges University of London, Cranmer Terrace, London, SW17 0RE

FHQ: 2016;v2

Please ensure you complete details for **all** family members (i.e., those who have had cancer and those who have not had cancer)

