Name: .....

Date of appt: .....

CANCER FAMILY HISTORY FORM

TO BE COMPLETED & SENT BACK TO US BEFORE YOUR CLINIC APPOINTMENT

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 the box empty. **All the information that you give will be held in confidence.**

Relative	Full Name (including maiden & previous names)	Address (or town/ city if unknown)	Date of Birth (or appx. year if unknown)	Alive Y/N	Date of Death (or appx. year if unknown)	If your relatives had cancer		
						Type of Cancer	Age at Diagnosis	Hospitals where Treated (or town/ city if unknown)
Self								
Your own Children								
Your Sisters (full or half)								

Relative	Full Name (including maiden & previous names)	Address (or town/ city if unknown)	Date of Birth (or appx. year if unknown)	Alive Y/N	Date of Death (or appx. year if unknown)	If your relatives had cancer		
						Type of Cancer	Age at Diagnosis	Hospitals where Treated (or town/ city if unknown)
Your Brothers (full or half)								
Your Mother								
Your Father								
Your Mother's Mother								
Your Mother's Father								
Your Father's Mother								
Your Father's Father								

Relative	Full Name (including maiden & previous names)	Address (or town/ city if unknown)	Date of Birth (or appx. Year if unknown)	Alive Y/N	Date of Death (or appx. Year if unknown)	If your relatives had cancer …		
						Type of Cancer	Age at Diagnosis	Hospitals where Treated (or town/ city if unknown)
Your Mother's Brothers & Sisters								
Your Father's Brothers & Sisters								

NAME & ADDRESS OF PERSON REQUESTING ADVICE:

Surname: ……
First Name: ……
Surname at Birth: ……
Address: ……
……
Post Code: ……
Date of Birth: ……

Home Tel. No: ……
Daytime Tel. No: ……
N.H.S. No: ……
Any Jewish Ancestry? Yes/No (This information is helpful for us to accurately assess your level of risk, because different genes are common in different ethnic groups)

G.P's Name: ……
G.P's Address: ……
G.P's Postcode: ……

PLEASE SEND BACK THIS FORM <u>BEFORE</u> YOUR CLINIC APPOINTMENT

With permission and based on the Cancer Family History Sheet of Clinical Genetics, Guy`s and St Thomas NHS Foundation Trust