

Family History Form  
Department of Clinical Genetics

Please complete and return the Family History Form  
within 4 weeks

**If you do not return this form or contact us with  
any problems completing it, a clinic  
appointment may not be organised and you will  
be discharged from this service.**

We recommend you keep copy of the completed  
form before posting it.

Reference No.....

The Cancer Genetics Team  
Department of Clinical Genetics  
Victoria Building,  
Leicester Royal Infirmary  
Leicester  
LE1 5WW

Dear.....

You have been referred to the Leicester Cancer Genetics Team by..... because of your family history of cancer. To help us assess whether or not your family history places you at increased risk of cancer, we would be grateful if you could kindly complete this questionnaire. Before completing the questionnaire please read the enclosed leaflet entitled "How to complete the Family History Form". We recommend that you keep a copy of the completed form.

**We may not be able to proceed with your referral without your completed questionnaire. This may result in a delayed assessment of your cancer risk.**

**If you have any queries or difficulties in completing this questionnaire, please contact a member of the Cancer Genetics Team**

**Tel: 0116 258 6878/ 0116 258 5736.**

Surname:.....

First Names:.....

Address: .....

Post code: .....

Surname at Birth:..... Date of birth: .....

Sex [please circle]: Male Female

Telephone Numbers: Home.....

Mobile.....

GP's Name:.....

GP's Address:.....

If you have a partner, are they aware of your referral?  
Yes No

Have any members of your family been seen in a genetic department: Yes No

If **Yes** please give name(s) of family member(s) seen:

The department where family member was seen:

The department where he/she/they were seen:

**Family history Part 1—You, your spouse or partner, your and your grandparents.**

Please complete as fully as possible, including relatives who have not had cancer. Do not include adoptive, foster or step parents or step grandparents. If you are not certain of some dates of birth or dates of death, please estimate the years and circle those that are estimates.

Include only **blood relatives** and your spouse or partner.

First & Last Name	Address	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had Cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care
<b>Example:</b> Joanne Bloggs	1 Short Lane Leicester LE1 1SL	11/07/1953	N	21/02/2000	Y	Breast	44	Leicester Royal Infirmary Dr. Smith
Yourself .....								
Your Mother .....								
Your Mother's Mother .....								
Your Mother's Father .....								
Your Father .....								
Your Father's Mother .....								
Your Father's Father .....								
Your Spouse/Partner .....								



### Family history Part 3—Your Brothers and Sisters

Please tick box if this page is not relevant to you, and move onto Part 4

Please complete as fully as possible, including relatives who have not had cancer.

Include only **blood relatives**. **Do not include** adoptive, foster or step brothers or sisters.

If you are not certain of some dates of birth or dates of death, please estimate the years and circle those that are estimates.

First & Last Name	Address	Brother or Sister? B / S	If half-brother or sister; related through mother or father?	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had Cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care

## Family history Part 4—Your Mother’s Brothers and Sisters

Please tick box if this page is not relevant to you, and move onto Part 5

Please complete as fully as possible, including relatives who have not had cancer. Include only **blood relatives**. Do not include adoptive, foster or step brothers or sisters.  
If you are not certain of some dates of birth or dates of death, please estimate the years and circle those that are estimates.

First & Last Name	Address	Brother or Sister? B / S	If half-brother or sister; related through mother or father?	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had Cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care

## Family history Part 5—Your Father's Brothers and Sisters

Please tick box if this page is not relevant to you, and move onto Part 6

Please complete as fully as possible, including relatives who have not had cancer. Include only **blood relatives**. Do not include adoptive, foster or step brothers or sisters.

If you are not certain of some dates of birth or dates of death, please estimate the years and circle those that are estimates.

First & Last Name	Address	Brother or Sister? B / S	If half-brother or sister; related through mother or father	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had Cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care

## Family history Part 6—Additional Family Members

Please tick box if this page is not relevant to you

Please use this page to add any additional blood relatives, such as first cousins, grandchildren, nieces or nephews **who have had cancer**.  
If you are not certain of some dates of birth or dates of death, please estimate the years and circle those that are estimates.

First & Last Name	Address	Relationship	Side of family (Mother or Father)	Male or Female	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had Cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care
<b>Example:</b> Karen Bloggs	23 Long Lane Nottingham NG7 1QU	Cousin (Mother's brother's daughter)	Mother	Female	26/01/1965	Y	21/02/2000	Y	Ovarian	36	Queens Medical Centre, Nottingham (Dr. Jones)



# Medical History

## Section 1 - Operations

Please complete as much information as you can about any operations that you have had, including biopsies (tissue samples taken from lumps or growths), or are due to have in the near future. If you have never had any operations, write "none" in the first column.

Type of Operation	Was it for cancer?	Date	Hospital and name of consultant

## Section 2 - Cancer screening (surveillance)

Please complete as much information as you can about any cancer screening (for example mammography or colonoscopy) that you are having, or have had, because of your cancer family history. If you have never had any screening, write "none" in the first column.

Type of Screening (Surveillance)	How often?	Date of most recent	Hospital and name of consultant

Have you ever had any investigations for breast problems? (Please tick as appropriate) Yes  No

If yes, please give details.....

## Section 3—Supplementary information

Use the space below to add any extra information about your medical history that you feel may be relevant, including any of your concerns and any symptoms that you may be experiencing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Some types of cancer are slightly more common in Jewish families. Are you or any of your immediate family Jewish? (Please tick as appropriate)

Yes  No

Have there been any marriages/partnerships between related individuals in your family? (Please tick as appropriate)

Yes  No

\_\_\_\_\_

## Ethnicity Form

Please could you complete this form by placing a tick in the relevant box.

**This information is used for statistical purposes only. If you prefer not to complete this form, please place a tick in the “Not given” box.**

To which of the following ethnic groups do you belong?

### White

- British
- Irish
- Any other white background

### Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Other mixed background

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background
- 

### Black or black British

- Caribbean
- African
- Other black background

### Chinese or other ethnic group

- Chinese
- Other ethnic group

### Not given

Thank you for completing this questionnaire.

Return completed questionnaire to:

**The Cancer Genetics Team  
Department of Clinical Genetics  
Leicester Royal Infirmary  
Leicester  
LE1 5WW**

If you would like this information in another language or format please contact the Service Equality Manager on 0116 258 4382.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে **0116 2584382** নাম্বারে যোগাযোগ করুন ।

यदि आप को इस लीफ़लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैव बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 2584382 पर सम्पर्क कीजिए ।

ਜੇ ਤਮਨੇ ਆ ਪਤਰਿਕਾਨੂੰ ਲੇਖਿਤ ਅਥਵਾ ਟੇਪ ਉਪਰ ਆਖਾਂਤਰ ਜ਼ੇਰੰਨੂੰ ਡੀਖ ਤੇ ਸੁਣੇਆਨੀ ਕਰੀ ਤੇਕ ਡੇਕਰ, ਸਰਵਿਸ ਈਕੁਆਲਿਟੀ ਮੈਨੇਜਰ-ਜੇ 0116 2584382 ਉਪਰ ਸੰਪਰਕ ਕਰੋ.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeegga

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 2584382 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Sinaanta 0116 258 4382.

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 4382 telefonundan

Genetics Information  
Family History Form  
Edition 5 : July 2015  
Review : July 2017

For Office use Only:

<b>FHQ to GC assistant</b>	<b>Date Given:</b>
<b>Review of completed pedigree</b>	<b>Date Given:</b>
<b>Return to co-ordinators to action</b>	<b>Date Given:</b>
<b>Notes req /Review / Appt</b>	
<b>Breach Date:</b>	
<b>Histo Request</b>	
<b>C/Reg Request</b>	
<b>Clinical meeting:</b> <b>Date:</b>	<b>Outcome:</b>