

CANCER GENETICS FAMILY HISTORY QUESTIONNAIRE

South East of Scotland Genetic Service
Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU
Tel: 0131 537 1116

Once completed please return this form to **South East Scotland Clinical Genetic Services** at the address above or email to **Loth.WGHClinicalGenetics@nhs.scot**.

Name of the Doctor/Clinician/Department referring you:			
Date of your Consultation:			
What are your concerns and/or questions for the Genetic Clinic (use back page if you need more room)?			
Title:	First Name:	Surname:	
Surname at birth:	Preferred Name:	Date of Birth:	
Sex assigned at birth:	Gender:	Pronouns:	
Address:			Postcode:
Home telephone:		Daytime telephone:	
Mobile telephone:		Email:	
Your GP's name/address:			
Have you had cancer or bowel polyps yourself? Yes No <i>(If yes, please give details)</i>			
Cancer/polyp type(s):	Age(s) at diagnosis:	Hospital(s): where treated:	
If you or a close relative have previously been referred to a clinical genetic department to discuss the family history of cancer, please give your / their details below.			
Name of person seen:		Relationship to you (e.g. sister):	
Date of Birth:	Hospital they were seen at:		
Approximate date of appointment:		Reference number (if known):	
If you or a close relative have previously had genetic testing, please give your/their details below.			
Name of person:		Relationship to you (e.g. sister):	
Date of Birth:	Test undertaken and result:		
Family origins – Some people are more likely to have a predisposition to cancer if they have certain family origins. Please tick if any of the following family origins applies to you:			
Westray (Orkney, Scotland):	Ashkenazi Jewish:	Polish:	
Icelandic:	Italian:	Other (give details):	

Now please read the information on page 2 before completing the rest of the questionnaire.

Completing this family history questionnaire

Why have I been given a family history questionnaire?

In some families there is an inherited tendency to cancer. In others, the cancers in the family occur by chance. You have been given this questionnaire to see which of these applies to your family. For us to do this we need information about you and your relatives, especially relatives *who have developed* cancer. It would be extremely useful if you could give as much information as possible, remembering to include everyone, even if they have not had cancer. We ask for dates of birth, dates of death and where relatives had treatment 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 where your relative had treatment, it is still helpful for us to know where they live / lived at the time of their illness.

How is the information I give used?

This information will help us decide whether there is an increased risk of cancer in your family and may help determine if early screening or other interventions are required and from what age. We will let you know if genetic testing may be helpful in your family and help provide advice for other members of your family.

How should I fill in the form?

Please complete the form giving as much information as possible about your blood relatives, including those who have not had cancer. If you need extra space, you can continue a separate sheet if necessary.

What if I don't know all the details?

If you do not know all the information, perhaps someone else in the family would be able to help you. If this is not possible, please do not worry, just provide the information that you can.

- Names: If a relative has changed their name (e.g., due to marriage or divorce) please give any previous names.
- Hospital where they were treated: If you do not know this, please tell us the town or city where they lived when they had their treatment.
- Dates of birth/death: If exact dates of birth and death are not known, then please put approximate dates and ages.
- Type of cancer: We need to know where in the body someone had cancer (e.g., breast, bowel, lung) or if they have had bowel polyps. If you do not know, write 'unknown cancer'.

If I give you my relatives details, will you contact them directly?

We will **not** contact your relatives directly but may send you a consent form to pass on to your relatives requesting their permission to access information about their cancer if you are happy to do so.

What happens next?

Our team will assess your questionnaire to see if your risk of cancer is increased. We may need more details about the cancers in your family from medical records. We can access this automatically from relatives who are deceased, but we need consent from relatives who are living. If consent is not available, we can still advise you, but our advice may be less accurate.

If you have been sent an invite to book a clinical genetics appointment, please book and also return this completed questionnaire before your appointment date if possible.

If you have been asked to complete this form by your GP

- If your risk is no different to the general population, we will write to you to reassure you that extra screening is not likely to be beneficial for you.
- If your risk is increased and extra screening may be of benefit for you, we will refer you to the appropriate services
- If we need to discuss anything further, or we need to consider genetic testing, we will arrange an appointment for you to discuss this with one of our genetic doctors or counsellors.

Questions? Please telephone and ask to speak with the duty genetic Counsellor on 0131 537 1116 for help

If you have CHILDREN, please complete this section

EXAMPLE , Full name: <i>Jane Doe</i> Maiden/previous surnames: <i>Bloggs</i> Date of birth: <i>01/01/1980</i> Alive: <i>Yes</i> If no, give the date of death or age at death: <i>Not applicable</i>	If your child had/has cancer, Type of cancer: <i>Breast</i> Age at diagnosis: <i>35</i> Hospital(s) where they were treated: <i>Western General Hospital</i>
Child 1 , Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your child had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Child 2 , Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your child had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Child 3 , Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your child had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Child 4 , Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your child had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Child 5 , Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your child had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

*If you need more space, please use the blank sheet at the end of the questionnaire.

If you have full or half SIBLINGS (BROTHERS and SISTERS), please complete this section

This is my: Brother Sister If half, through which parent? Mother Father Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your sibling had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This is my: Brother Sister If half, through which parent? Mother Father Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your sibling had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This is my: Brother Sister If half, through which parent? Mother Father Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your sibling had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This is my: Brother Sister If half, through which parent? Mother Father Full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your sibling had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

*If you need more space, please use the blank sheet at the end of this questionnaire

Your MOTHER'S family

Your mother's full name: Maiden /previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your mother had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your mother's mothers full name: Maiden /previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your mother's fathers full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

If your mother has siblings (brothers and sisters), please complete this section

Your mother's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your mother's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your mother's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

*If you need more space, please use the blank sheet at the end of the questionnaire.

Your FATHER'S family

Your father's full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If your father had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your father's mothers full name: Maiden /previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your father's fathers full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

If your father has siblings (brothers and sisters), please complete this section

Your father's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your father's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
Your father's siblings full name: Maiden/previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this relative had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

*If you need more space, please use the blank sheet at the end of the questionnaire.

If there is **ANYONE ELSE IN YOUR FAMILY WHO HAS HAD CANCER** please tell us about them too. Remember to explain precisely how they are related to you. **For example**, instead of 'cousin', saying 'This person is my **'mother's brother's daughter**' gives us far more information and helps us put together a picture of your family.

This person is my - Full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this person had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This person is my - Full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this person had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This person is my - Full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this person had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This person is my - Full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this person had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:
This person is my - Full name: Any previous surnames: Date of birth: Alive: If no, give the date of death or age at death:	If this person had/has cancer, Type of cancer: Age at diagnosis: Hospital(s) where they were treated:

*If you need more space, please use the blank sheet at the end of the questionnaire.

Is there **anything else you want to tell us** about yourself or your family? If so, please give details below:

Thank you for completing this form.

Please send this to us by email by clicking the submit button below.

Alternatively, you can print this form out and post it to the address at the top of the first page.