FAMILY HISTORY QUESTIONNAIRE

Once completed please return this form to your GP or specialist who will send it to the **Oxford Family Cancer Centre** *with* your referral letter

A. To be completed by the patient

Surname:	First Name:	Title:
Surname at birth:	Date of Birth:	Sex: Male Female
Address: Post code:		
Home telephone number: Daytime telephone number: Mobile telephone number:		email:
Your GP's name and address NHS number		
Have you had cancer or polyps yourself ☐ yes ☐ no		If yes please give details below
Cancer/polyps type(s)	Age(s) at diagnosis	Hospital(s) where treated (or town/city)

B. If you or a close relative have previously been referred to a clinical genetic department to discuss the family history of cancer we may already have the information we need. Please give their details below.

Name of person seen	Relationship to you (e.g. sister, mother):	Date of Birth:	Address:
Hospital they were seen at	Approximate date of appointment	Reference number (if known)	
Additional information			

Now please read the information overleaf before completing the rest of the form

C. To be completed by the referring clinician

Referred by (Name and position) Address (or clinic stamp) Post code	Contact telephone number
Important: is this patient symptomatic? If so please also refer them to your local fast-track service	

Please send this completed form with a referral letter to
Oxford Centre for Genomic Medicine, ACE Building, NOC, Windmill Road, Headington, Oxford OX3 7HE

Completing the Family history questionnaire

Why have I been given a family history questionnaire?
This may be because there are several cancers in your family or because you or a relative has had cancer at a young age. In most families, cancer occurs by chance and the risk to other people in the family is no different to that of the general population. However a small proportion of cancers (less than 10%) are due to an inherited risk. To determine if your family history is due to inherited risk, we need to gather detailed information.

How is the information I give used?
We will use this information to assess your personal risk for cancer and advise your doctor on appropriate screening for you (if needed). 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 on 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.
- Address: If you do not know a relatives address please write down the town or city they lived in when they had cancer.
- 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 will 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 of genetic counsellors and consultants will assess your questionnaire to see if your risk of cancer is increased.

- 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.
- 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.

Once we have obtained all the information we will either write to you or arrange an appointment for you to discuss this with one of our genetic doctors or counsellors. We aim to offer you advice within 18 weeks of receiving your referral and completed form.

Questions? Please telephone our cancer triage nurses on 01865 225327 for help.

*More information on what to expect from a cancer genetic referral is available from the leaflet '**The Cancer Genetic Service; information for people who have been referred to the Cancer Genetic Service**'. This can be found on the Oxford University Hospitals website (www.ouh.nhs.uk/information)*

D. Your family history

D1. Your parents and children

Your **Mother** (full name) Maiden name Date of birth ☐ Alive ☐ Deceased If not alive, date of death Last known Address	If your mother had cancer … Where was the cancer (eg left breast) Her age when cancer found Hospitals where treated (+name of specialist if known)
Your **Father** (full name) Date of birth ☐ Alive ☐ Deceased If not alive, date of death Last known Address	If your father had cancer … Where was the cancer (eg prostate) His age when cancer found Hospitals where treated (+name of specialist if known)
Your **Child** (full name) Date of birth ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death Last known Address	Child's **other parent**'s name If your child had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Your **Child** (full name) Date of birth ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death Last known Address	Child's **other parent**'s name If your child had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)

(If you have more than 2 children, please put their details on the back of this sheet)

D2. Your brothers and sisters, full or half

(if half, please tick whether you are related through your mother or father)

Your **Brother or Sister** (full name) Date of birth ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Your **Brother or Sister** (full name) Date of birth ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Your **Brother or Sister** (full name) Date of birth ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)

(If you have more than 3 brothers or sisters, please put their details on the back of this sheet)

D3.Your mother's parents, brothers and sisters

Your **mother's mother** (full name) Maiden name Date of birth ☐ Alive ☐ Deceased If not alive, date of death Last known Address	If your mother's mother had cancer … Where was the cancer (eg left breast) Her age when cancer found Hospitals where treated (+name of specialist if known)
Your **mother's father** (full name) Date of birth: ☐ Alive ☐ Deceased If not alive, date of death: Last known Address:	If your mother's father had cancer … Where was the cancer His age when cancer found Hospitals where treated (+name of specialist if known)
Your **mother's brother or sister's** name Date of birth: ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death: ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your mother's brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Your **mother's brother or sister's** name Date of birth: ☐Male ☐Female ☐Alive ☐Deceased If not alive, date of death: ☐Full brother/sister ☐Half brother/sister If half, through: ☐mother ☐ father Last known Address:	If your mother's brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)

(If your mother has more than 2 brothers or sisters, please put their details on the back of this sheet)

D4. Your father's parents, brothers and sisters

Your **father's mother** (full name) Maiden name Date of birth ☐ Alive ☐ Deceased If not alive, date of death Last known Address	If your father's mother had cancer … Where was the cancer (eg left breast) Her age when cancer found Hospitals where treated (+name of specialist if known)
Your **father's father** (full name) Date of birth: ☐ Alive ☐ Deceased If not alive, date of death: Last known Address:	If your father's father had cancer … Where was the cancer His age when cancer found Hospitals where treated (+name of specialist if known)
Your **father's brother or sister's** name Date of birth: ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death: ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your father's brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Your **father's brother or sister's** name Date of birth: ☐ Male ☐ Female ☐ Alive ☐ Deceased If not alive, date of death: ☐ Full brother/sister ☐ Half brother/sister If half, through: ☐ mother ☐ father Last known Address:	If your father's brother/sister had cancer … Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)

(If your father has more than 2 brothers or sisters, please put their details on the back of this sheet)

D5. Other affected relatives

Please say exactly how each person is related to you

e.g. mother's mother's father

(not "great grandfather" as this could also be your mother's father's father, or father's mother's father etc.)

mother's sister's daughter (please do not say "cousin")

Full Name Date of birth ☐Male ☐Female ☐Alive ☐Deceased If not alive, date of death How is this person related to you? Last known Address:	Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Full Name Date of birth ☐Male ☐Female ☐Alive ☐Deceased If not alive, date of death How is this person related to you? Last known Address:	Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)
Full Name Date of birth ☐Male ☐Female ☐Alive ☐Deceased If not alive, date of death How is this person related to you? Last known Address:	Where was the cancer (eg left breast) Age when cancer found Hospitals where treated (+name of specialist if known)

(Please feel free to use extra sheets if you need them)

E. Jewish Ancestry

An inherited predisposition to cancer may be more common in Jewish populations, Do you have any Jewish Ancestry? ☐ Yes ☐ No If Yes - on which side of your family?

F. Your Medical History

Have you had any operations? ☐ Yes ☐ No

Type of operation was it for cancer? date Hospital and consultant

Do you have other significant health problems? ☐ Yes ☐ No if yes please give details:

Have you or anyone in your family ever suffered from a blood clot?

☐ No ☐ yes if yes, who was it?

Have you had any cancer screening such as mammography or colonoscopy? ☐ Yes ☐ No

Type of screening how often last date performed Hospital and consultant

G. For female patients

Please enter your height and current weight

Height:____feet ____inches or ____metres: Weight: ____stone___pounds or _____Kg

At what age was your first menstrual period? Age:_____

If you have children how old were you when your first child was born? Age: _____

Do/did you breast feed your children?

☐ Yes ☐ No ☐ Not applicable If yes for how long in total? _____

Do/did you use the oral contraceptive pill? Please tick the box that applies

- ☐ No, I have never used the oral contraceptive pill
- ☐ Yes, I currently use the oral contraceptive pill.
- ☐ Yes, I have used the oral contraceptive pill in the past, but do not use it at present.
  If yes, for how many years have you used the pill?_____

Do/did you use HRT? Please tick the option that applies to you:

- ☐ No, I have never used HRT
- ☐ Yes, I currently use HRT
- ☐ Yes, I have used HRT in the past, but do not use it at present.
  If yes, for how long did you/have you taken HRT?_____
  Which type of HRT were/are you taking: oestrogen based/combined oestrogen-progesterone

Are you in the menopause? Please tick the option that applies to you:

- ☐ No, I have not been through the menopause
- ☐ Yes, I am in/have been through the menopause
  If yes, at what age did you begin the menopause? _____

Additional information-Please tell us anything further you think is important here or use this space to mention any specific concerns or questions you have.