

Clinical Genetics Unit, Great Ormond Street Hospital for Children NHS Trust  
Great Ormond Street, London WC1N 3JH, Telephone: 020 7762 6831

**Please make sure all sections have been completed with as many details as possible.** Please review the enclosed instruction sheet for further details about why we are asking for this information.

Please return this form either by post or email. If you have an appointment please return this form **at least 2 weeks before your appointment**, if possible (details above). Please can you also make a copy and bring this to clinic with you, in case it does not reach us in time.

You can complete an electronic version of this form which can be found here;  
<https://www.qosh.nhs.uk/clinicalgenetics-appointments>

**Information about you:**

**Family/Genetics number:**

<b>Title</b> (Mr / Mrs / Miss etc.)	
<b>First Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Mobile Number:</b>	

<b>GP Name:</b>	
<b>GP Address:</b>	
<b>Your NHS No:</b> (if known)	
<b>Occupation:</b>	
<b>Email:</b>	
<b>Home Telephone:</b>	

Some types of genetic cancer are slightly more common based on ancestry.

What is your ethnicity? \_\_\_\_\_

Is there any Jewish ancestry in your family?

☐ YES ☐ NO

If yes, on mother's or father's side?

Is there any Polish ancestry in your family?

☐ YES ☐ NO

If yes, on mother's or father's side?

Have you had any form of cancer or pre-cancer yourself? YES ☐ NO ☐

If yes, please provide further details:

Type of cancer: \_\_\_\_\_

Age of diagnosis: \_\_\_\_\_

Hospital treated / consultant name: \_\_\_\_\_

Have you or any family member been seen by a Genetics department in the past? YES ☐ NO ☐

If yes, please provide further details:

Name of relative that was  
seen by genetics: \_\_\_\_\_

Their date of birth: \_\_\_\_\_

Hospital or service where  
they were seen: \_\_\_\_\_

Their reference number  
(if known): \_\_\_\_\_

What are the main questions you would like to discuss with the Genetics Consultant/Counsellor?

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## Information about your relatives

Please complete the form below, giving as much information as possible about your immediate (blood) relatives.  
It is important to include those family members **(alive AND deceased) who have had AND those who have not had cancer**, as this will affect your overall cancer risk.  
For further guidance please see enclosed instructions sheet.

Relative	Full Name including maiden and any previous names	Address inc postcode, or town/city if unknown (even if this person has died)	Date of Birth or approx year if unknown	Alive Y/N	Date of death or approx year if unknown	If your relatives have/had cancer		
						Type of Cancer	Age at diagnosis	Hospital where treated (town/city if unknown)
Your mother								
Your father								
Your own children please state if male (M) or female (F)								
Your own brothers & sisters please state if male (M) or female (F) AND If <u>full</u> or <u>half</u> sibling								
Any comments regarding any of these relatives:								

## Information about your relatives

Relative	Full Name including maiden and any previous names	Address inc postcode, or town/city if unknown (even if this person has died)	Date of Birth or approx year if unknown	Alive Y/N	Date of death or approx year if unknown	If your relatives have/had cancer		
						Type of Cancer	Age at diagnosis	Hospital where treated (town/city if unknown)
Your mother's mother								
Your mother's father								
Your mother's brothers and sisters please state if male (M) or female (F) AND If <u>full</u> or <u>half</u> sibling								
Your father's mother								
Your father's father								
Your father's brothers and sisters please state if male (M) or female (F) AND if <u>full</u> or <u>half</u> sibling								
Any comments regarding any of these relatives:								

## Information about your relatives

### Other relatives diagnosed with cancer.

Please say **exactly how** each person is related to you. For example please see enclosed Instructions sheet.

Relative e.g. mother's, sister's daughter	Full Name including maiden and any previous names please state if male (M) or female (F)	Address inc postcode, or town/city if unknown (even if this person has died)	Date of Birth or approx year if unknown	Alive Y/N	Date of death or approx year if unknown	If your relatives have/had cancer		
						Type of Cancer	Age at diagnosis	Hospital where treated (town/city if unknown)

### Additional Information:

Have you had any cancer screening such as mammography or colonoscopy? YES ☐ NO ☐

If yes, please provide further details:

Type of screening: \_\_\_\_\_

How often: \_\_\_\_\_

Hospital and consultant: \_\_\_\_\_

Last date performed: \_\_\_\_\_

Current Height: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Have you ever smoked tobacco? YES, Currently ☐ YES, Previously ☐ NO ☐

Are your parents blood related, for example, cousins? YES ☐ NO ☐

How much alcohol do you drink in the average week e.g. 2 glasses of wine, 2 pints of beer: \_\_\_\_\_

### For female patients: (please complete, if applicable, as these factors may influence your risk assessment)

Age of first menstrual period: \_\_\_\_\_

Age at menopause, if applicable: \_\_\_\_\_

Did/Do you breast feed your children? YES ☐ NO ☐

Did/Do you use the oral contraceptive pill? YES in the last 2 yrs ☐ YES over 2 yrs ago ☐ NO never ☐ If YES for how long \_\_\_\_\_

Did/Do you use HRT? YES currently ☐ YES in the past ☐ NO never ☐ If YES for how long \_\_\_\_\_ Type of HRT \_\_\_\_\_

## CANCER GENETICS SERVICE – INSTRUCTION SHEET

### WHY HAVE I BEEN SENT THIS FORM?

You have been referred to the Cancer Genetics Service because of a personal and/or family history of cancer. For most families, cancers will be due to chance and other people in the family have no higher risk of developing cancer than the general population. However, a small proportion of cancers are due to an inherited predisposition. We would be grateful if you would complete the attached questionnaire which will be able to help us assess whether or not your family history places you or your relatives at an increased risk of cancer. If you are unable to complete all the sections, *please return the form anyway*. If you have any queries or difficulties in completing the questionnaire, please do not hesitate to contact us, our details are in the box above.

You can also access an electronic version of the form here: <https://www.gosh.nhs.uk/clinicalgenetics-appointments> and email this to us on [gos-tr.ClinicalGenetics@nhs.net](mailto:gos-tr.ClinicalGenetics@nhs.net).

### HOW SHOULD I FILL IN THE FORM?

Please attempt to complete as many sections as possible. The more details you can provide, the more accurate we can be in our assessment. It is important to include those family members (**alive AND deceased**) who **have had**, as well as those who **have not had** cancer, as this will affect your overall cancer risk.

### WHAT IF I DO NOT KNOW ALL THE DETAILS?

If there is any information you do not know, perhaps someone in your family will be able to help you. Otherwise leave that box empty or write 'unknown'. All the information you give will be held in confidence in the Clinical Genetics Unit.

### EXAMPLES FOR 'OTHER RELATIVES' SECTION:

For other relatives diagnosed **with** cancer, please say **exactly how** each person is related to you.

E.g.:

- mother's mother's father (please do not say 'great-grandfather' because this could be your mother's father's father or your father's mother's father, etc.)
- father's sister's daughter (please do not say 'cousin') (if in this example father had several sisters, please state which one)

### WHAT DO WE DO WITH THIS INFORMATION?

Sometimes further details about some types of cancer are needed. We can access this information via the cancer registries for relatives who are deceased but we would need permission from living relatives. If we need this information from a living relative, we will contact you with a consent form that you can then pass to your relative. We will not contact your relative directly.

The more details about your relatives you provide (such as date of birth and where they were living when they had cancer), the more likely it will be that the registry will be able to locate the records. This will allow us to assess your risk more accurately.

### WHAT HAPPENS NEXT?

Our cancer team of genetic counsellors and consultants will assess the information you provide to see if your personal risk of developing cancer in the future is increased. We may contact you if we need further information. Once we have all the needed information we will contact you to either arrange an appointment or discuss the next steps. If you are not at high risk we will not be able to see you in clinic but we will write to you explaining this and, if applicable, recommend screening.

### IF YOU ALREADY HAVE AN APPOINTMENT

Please return form **at least 2 weeks before** your appointment so that we may review and, if needed, request further information.