



North West Thames Regional Genetics Service

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Cancer Genetics Clinic Questionnaire

1. Please give information on all relatives INCLUDING those who have not had cancer.
2. If you do not know exact dates of birth, please put approximate ages and dates.
3. If you do not know exact addresses, please put the region where people lived/were treated.
4. Please state male and female for unusual names.
5. If you do not know full details on a family member, please put in as much as you do know rather than leaving them out.

This complete information allows us to assess your personal risks of cancer as accurately as possible. **All information will be held in confidence in the Clinical Genetics Unit.**

Name _____

Ref No _____

Address _____

GP Name _____

GP Address _____

Date of Birth _____

Landline number _____

Mobile number _____

Downloaded from the NWTRGS website

Email address _____

Please complete 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 cancer AND those who have not had cancer**, as this will affect your overall cancer risk.

Relative	Full Name (including maiden and any previous names) and last known address	Date of birth	Alive? Y/N	Date of Death	If your relative suffered from cancer:		
					Type of cancer	Age at diagnosis	Hospital where treated and name of specialist if known
Your children please state if male (M) or female (F)							
Your sisters full or half (if half, please state shared parent)							
Your brothers full or half (as above)							
Your father							
Your mother							

Please feel free to use a separate sheet of paper if any spaces are not large enough.

Relative	Full Name (including maiden and any previous names) and last known address	Date of birth	Alive? Y/N	Date of Death	If your relative suffered from cancer:		
					Type of cancer	Age at diagnosis	Hospital where treated and name of specialist if known
Your mother's mother							
Your mother's father							
Your mother's sisters							
Your mother's brothers							
Other maternal relatives affected by cancer	Please state how they are related to you, ie. great aunt – mother's mother's sister						

Please feel free to use a separate sheet of paper if any spaces are not large enough.

Relative	Full Name (including maiden and any previous names) and last known address	Date of birth	Alive? Y/N	Date of Death	If your relative suffered from cancer:		
					Type of cancer	Age at diagnosis	Hospital where treated and name of specialist if known
Your father's mother							
Your father's father							
Your father's sisters							
Your father's brothers							
Other paternal relatives affected by cancer	Please state how they are related to you, ie. great aunt – father's mother's sister						

Please feel free to use a separate sheet of paper if any spaces are not large enough.

