





Lynch Syndrome Questionnaire

For completion by patients at the time of their colonoscopy please (Endoscopy please return to the Family Cancer Clinic)

Name			Affix Hospital Label Here		
DOB					
Date:					
This questionnaire is designed to identify any new symptoms which may mean that you would benefit from further clinical review. It is also an opportunity for you to ask questions or make other comments which are relevant to your health, or which may help us improve our service					
Have you had any new bowel/gut symptoms since your last appointment? Please tick any boxes below which are relevant					
Abdominal pain		Iron-deficie	ncy anaemia		
Change in usual bowel habit		Difficulty swallowing			
Bleeding from your back passage \Box		New acid reflux symptoms			
Weight loss					
Other details					
Have you noticed any moles, or other lumps on your skin which have changed recently?					
Yes					

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Other details					
If you are a woman have you noticed Unusual bleeding between your usual menstrual periods? □ Post-menopausal bleeding? □ Other details					
Has there been any change in your family history of cancer?					
Do you take aspirin, and if yes how much and how often?					
Have you had H pylori testing and if positive have you had treatment?					
How to contact the Lynch Syndrome & Family Cancer Clinic Tel: 020 8235 4266 E-mail: lnwh-tr.SMFCC@nhs.net Or visit our web page at St Mark's Hospital: http://www.stmarkshospital.nhs.uk/services-a-z/the-family-cancer-clinic/					
Members of the team Dr Kevin Monahan Consultant Physician Prof Huw Thomas Consultant Physician Dr Andrew Latchford Consultant Physician Dr Hannah Shipman Genetic Counsellor					
For FCC Team Reviewed Yes No Date:					

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