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## Family History Form

### West Midlands Family Cancer Strategy (WMFACS)

**Please send completed forms to:**  
**WMFACS, Clinical Genetics Unit, Birmingham Women's Hospital**  
**Edgbaston, Birmingham B15 2TG**

<b>A. To be completed by the patient: (please write clearly)</b>				
Surname:		First names:		Title:
Surname at birth:		Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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 bowel polyps yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please give details below				
Cancer/polyps type(s) :		Age(s) at Diagnosis:	Hospital(s) where treated (or town/city if unknown):	
<b>Ethnic origin:</b> <i>White</i> <input type="checkbox"/> White <input type="checkbox"/> Irish <input type="checkbox"/> Other White background <i>Black or Black British</i> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background <i>Asian or Asian British</i> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background <i>Mixed</i> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Other mixed background <i>Other ethnic origin</i> <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European/Jewish <input type="checkbox"/> Any other ethnic group - (please specify) _____				
<b>Do you require an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, for which language: _____				
<b>B. If you or a close relative have previously been referred to a clinical genetics service to discuss the family history of cancer it may not be necessary for you to complete all of this form. We may already have the information we need or may be able to obtain it from another genetics centre with your/your relative's permission. Please give their details below and return this sheet and section G on your medical history. We will contact you if we need further information.</b>				
Name of person seen:		Date of Birth:		Address:
Hospital they were seen at:		Approximate date of appointment:	Reference number (if known):	Relationship to you (eg. Sister, mother):
Can we write to this person to ask for permission to view their genetics records? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional information:				

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

**C. To be completed by the referring clinician (please write clearly)**

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.**

## West Midlands Family Cancer Strategy: Completing the Family History Form

### Why have I been given a family history form?

You have been given a **Family History Form** because of concerns about the cancers that have occurred in your family. This may be because there have been several cancers in your family or because you or a relative has had cancer at a young age. In most families, cancers will have occurred 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 predisposition. Before we try and answer your questions about the risks of cancers in your family and whether extra screening is beneficial for you, it is important to try and collect as much information as possible about your family history, using this form.

### How is the information I give used?

The information you provide will be used to:

- ★ Assess your personal risk of developing cancer.
- ★ Suggest an appropriate screening (surveillance) programme for you if appropriate.
- ★ Advise your doctor about appropriate screening and how often you should be seen for this.
- ★ Give advice about any other appropriate investigations (eg. genetic testing can be useful in some families).
- ★ Help provide similar 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**. You may find it easier to start on the row that refers to your mother and complete the boxes relating to her before you start on the next member of your family. An example of how to fill in a row for someone who has had cancer is given on the form. If you need extra space, use the **Additional Relatives** sheet on the back of the Medical History Form, and you can continue on a separate sheet if necessary.

### What if I don't know all these 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. You can write "don't know" in the boxes you cannot fill.

*Names:* If a relative has changed their name (eg. due to marriage or divorce) please give any previous names.

*Address:* If you do not know a relative's address, please write the town or city they lived in when they had cancer.

*Dates of birth/death:* If you do not know the full date, the year or a rough date is still helpful (eg. 1920-1930).

*Type of cancer:* We need to know where in the body individuals had cancer(s) (eg. breast, bowel, lung) or if they have had bowel polyps. If a relative had cancer but you don't know where, write "Unknown cancer".

*Age at diagnosis:* Please put the age at which your relative was diagnosed for each cancer they had.

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

There are 2 columns at the end of the form to be completed only for living relatives who have had cancer. We would like to ask these relatives for permission to obtain more details about their cancer from their medical records. We do not usually need to remove any records as we can obtain copies of the appropriate reports. We can send your relative a consent form to ask for this permission if you indicate you are happy for us to do so and have provided an address. **We will not contact your relatives without your permission.** If you would prefer, we can send you a consent form to pass onto them. If you are unable to pass a consent form on to a relative (eg. if you are not in contact) please indicate this in the final column so that we can proceed without delay.

### What happens next?

Your doctor or nurse may have asked you to return the form to them or they may have asked you to post it to us directly. Once we receive your form, your genetic counsellor and consultant will look at the information you have given to assess whether 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 to get some more specific details about the cancers in your family from medical records. We can access this automatically for relatives who are deceased but we need consent from living relatives to look at their information, as mentioned above. If we cannot do this we will still proceed but our advice may be less accurate.

Once we have obtained all the information we need from you and any we need from medical records, we will be able to advise you about further screening and/or genetic investigations which are available for you and your family. We will either write to you or arrange an appointment for you to discuss this further with one of our genetics doctors or genetic counsellors. We endeavour to offer you further advice within 18 weeks of receiving this form. It would help us greatly if any consent forms we send to you or your relatives are returned promptly.

### Is this information confidential?

It is possible that the information you provide on this form could be helpful in giving similar advice to other members of your family. If there is any specific information that should be kept in confidence, please let us know and we will do our best to ensure we do not disclose it to anyone else in your family.

**If you have any questions completing this form or the information you provide please contact us:**  
Telephone: 0121 607 4757      Fax: 0121 627 2618      E-mail: [wmfacs@bwhct.nhs.uk](mailto:wmfacs@bwhct.nhs.uk)

**D. Your family history**

Please complete the form below, giving as much information as possible about your immediate (blood) relatives, **including those who have not had cancer**. If there is any information that you do not know, perhaps someone in your family will be able to help you, otherwise write "don't know". You may find it easier to start on the row that refers to your mother and complete all boxes relating to her before you start on the next member of your family. An example of how to fill a row in is given on the form (highlighted in yellow).

For all relatives								For relatives who have had cancer/polyps			For <u>living</u> relatives who have had cancer/ polyps only	
Relative:	First names and surname	Previous surnames eg. At birth	Sex Male (M) or Female (F)	Address (or address at time of cancer, if deceased)	Date of Birth or approx. year if unknown	Alive ? Yes or No	Date of Death or approx. year if unknown	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated or town/city if unknown	Can we write to this person to ask to view their medical records? Yes/No	If not, can you forward a consent form to them? Yes/No
<i>Example:</i> Your sister	Mary Ann Smith	Williams	F	1 Main Road, Hull, H1 0XX	10/12/1940	Yes	-	Breast	43	Hull Royal Infirmary	Yes	N/A
<b>Your children</b> (or write none)	1											
	2											
	3											
<b>Your sisters</b> (or write none) Please indicate if half-sister	1		F									
	2		F									
	3		F									
<b>Your Brothers</b> (or write none) Please indicate if half brother	1		M									
	2		M									
	3		M									
<b>Your mother</b>			F									
<b>Your father</b>			M									

We appreciate that space on this form is limited, so please continue on the additional sheet if necessary

For all relatives								For relatives who have had cancer/polyps			For <u>living</u> relatives who have had cancer/ polyps only	
Relative:	First names and surname	Previous surnames eg. At birth	Sex Male (M) or Female (F)	Address	Date of Birth or approx. year if unknown	Alive ? Yes or No	Date of Death or approx. year if unknown	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated or town/city if unknown	Can we write to this person to ask to view their medical records? Yes/No	If not, can you forward a consent form to them? Yes/No
Your mother's mother												
Your mother's father												
Your father's mother												
Your father's father												
Your mother's brothers and sister's (or write none)	1											
	2											
	3											
Your father's brother's and sister's (or write none)	1											
	2											
	3											
<b>E. Do any of your family have Jewish ancestry?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know We ask this because an inherited predisposition to cancer may be more common in Jewish populations. <b>Please note here any other important information (eg. If adopted or an identical twin)</b> _____					<b>F.</b> Are you aware of any relative who is married to, or a partner of, a cousin, second cousin, or other relative? Please circle their names on the form and give details below. If both relatives are not listed here, please enter their details on the additional sheet.  Details: _____ _____							

We appreciate that space on this form is limited, so please continue on the additional sheet if necessary



## G. Medical history form

Please complete the questions regarding your medical history as completely as you can. This information is required so that your risk can be accurately assessed, and to assist in the planning of any screening (surveillance) that you may need.

### Section 1

#### 1.1 Operations

Please complete as much information as you can about any operations that you have had, including biopsies (tissue samples from lumps or growths), or are due to have in the near future. If you have never had any operations, write none and go to question 1.2.

Type of operation	Was it for cancer?	Date	Hospital name and consultant

#### 1.2 Cancer screening (surveillance)

Please complete as much information as you can about any cancer screening that you are having, or have had (such as mammography or colonoscopy for example), because of your cancer family history. If you have never had any screening, write none and go to question 1.3.

Type of screening	How often?	Date of most recent screening	Hospital name and consultant

#### 1.3 Please enter your height and current weight:

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Or \_\_\_\_\_ m

Current weight: \_\_\_\_\_ stone \_\_\_\_\_ pounds Or \_\_\_\_\_ Kg

### Section 3 - additional information

Please tell us anything else you feel is important here, particularly about your medical history. It is helpful to know your specific concerns or questions so that we can do our best to give you advice about these. You can continue on another sheet if you need to.

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### Section 2 - for female patients only (if you are male go to section 3)

2.1 At what age was your first menstrual period? Age: \_\_\_\_\_

2.2 Do/did you breast feed your child/children?

- Yes If Yes, for how long in total?: \_\_\_\_\_  
 No  
 Not applicable

2.3 Do/did you use the oral contraceptive pill? Please tick the option that applies to you:

- 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?: \_\_\_\_\_

2.4 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, please give the approximate date you began HRT: \_\_\_\_\_

When did you/do you intend to stop taking HRT: \_\_\_\_\_

Which type of HRT are/were you taking?

- Oestrogen based or  combined oestrogen/progesterone based

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

- No, I have not been through the menopause yet.  
 Yes, I am in the menopause at present.  
 Yes, I have been through the menopause.

If Yes, at what age did you begin the menopause?: \_\_\_\_\_