

**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 \_\_\_\_\_

Relative	Name (including any previous names) and last known address	Date of birth	Alive? Y/N	Date of Death	If your relative suffered from cancer:		
					Where cancer occurred	Age when cancer found	Hospital where treated and name of specialist if known
Your children							
Your sisters, full or half (if half, please state shared parent)							
Your brothers, full or half (as above)							
Your father							
Your mother							

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

