

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

Working in partnership

Shrewsbury & Telford Hospital 
NHS Trust

Shropshire County & Telford and Wrekin PCTs 

A. To be completed by the patient: (please write clearly)

Surname:		First names:	
Surname at birth:	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: Post code:			
Telephone number(s):			
Your NHS number (found on your medical card):		Your GP's name:	
Your GP's address:			

Now please complete sections C to F inside the form, plus the enclosed medical history

B. To be completed by the referring clinician: (please write clearly)

Referred by:	
Position:	
Address (or clinic stamp): Post code:	
Contact telephone number:	Date of referral:
<u>Completed form checked by:</u>	<u>Date checked:</u>

① Important: is this patient symptomatic? If yes, refer them to your local fast-track service who will send the patient a family history form separately

Useful Information

For information regarding the completion of this form, and how the information is processed, please see the accompanying information leaflet called *Completing the Family History Form*

General information about inherited

Many individuals have concerns about a family history of cancer. However, less than 10% of all cancer is due to an inherited predisposition. Even in those rare families where this is the case, unaffected family members have a greater than 50% chance that they will *not* develop an inherited cancer. It is unlikely that familial cancer clusters are inherited if:

- Different cancer sites are involved
- The cancers occur later in life
- The cancers have a strong environmental influence such as smoking or U.V. light

Cancer Family History Referral Guidelines

Patients meeting *at least one* of the criteria below should be referred according to your local strategy (please see the local pages on the WMFACS website www.bwhct.nhs.uk/wmfacs for further information).

Breast cancer in:

- 1 close relative*, age under 40.
- 1 close relative* with bilateral disease.
- 1 male relative, any age.
- 2 close relatives*, age under 60.
- 3 close relatives*, any age.

Ovarian cancer in:

- 2 close relatives*, any age.

Breast AND ovarian cancer in:

- Minimum of one of each cancer; ovarian cancer any age, breast cancer age under 60.

*Close relatives:

- mother/father
- sister/brother
- son/daughter
- aunt/uncle
- grandmother/grandfather

Colorectal cancer (or colorectal polyps) in:

- 1 close relative*, age under 45.
- 2 close relatives*, average age under 70 (includes both parents).
- 3 or more close relatives*, or with other gastrointestinal or uterine or ovarian cancer at any age.
- Familial Adenomatous Polyposis (FAP).

Other cancers:

- Multiple primary cancers in one individual.
- 3 or more relatives with cancers at the same site.
- 3 or more relatives with any cancer at an earlier than average age.
- 3 or more relatives with a combination of cancers of either breast, ovary, prostate, pancreas, melanoma or thyroid.

If uncertain, please refer the form for assessment.

① The overall benefit of surveillance outside these guidelines has not been established

Contact details

For more information, the WMFACS team can be contacted as follows:

Telephone: 0121 607 4757

Fax: 0121 623 6949

E-mail: wmfacs@bwhct.nhs.uk

Website: www.bwhct.nhs.uk/wmfacs

C. 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 leave that box empty. 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). The information that you provide will be held in confidence in the Clinical Genetics Unit.

Relative:	First names and surname <small>include any previous names</small>	Surname at birth	Sex <small>male (M) or female (F)</small>	Address <small>or last known address/town/city if unknown</small>	Date of birth <small>or approximate year if unknown</small>	Alive? <small>(yes or no)</small>	Date of death <small>or approximate year if unknown</small>	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated <small>or town/city if unknown</small>
Example: Your sister	Mary Elizabeth Smith	Williams	F	1 Main Road, Hull, H1 0XX	10/12/1940	No	25/02/1985	Breast	43	Hull Royal Infirmary
Yourself						Yes	—			
Your own children	1									
	2									
	3									
Your sisters (full or half)	1		F							
	2		F							
	3		F							
Your brothers (full or half)	1		M							
	2		M							
	3		M							
Your mother			F							
Your father			M							

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

	First names and surname	Surname at birth	Sex <small>male (M) or female (F)</small>	Address <small>or last known address/town/city if unknown</small>	Date of birth <small>or approximate year if unknown</small>	Alive? <small>(yes or no)</small>	Date of death <small>or approximate year if unknown</small>	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated <small>or town/city if unknown</small>
Relative:										
Your mother's mother			F							
Your mother's father			M							
Your father's mother			F							
Your father's father			M							
Your mother's brothers and sisters	1									
	2									
	3									
Your father's brothers and sisters	1									
	2									
	3									

D. Previous attendance

It is helpful to know if you or any of your relatives have ever attended a clinical genetics or family history service. If you know that a relative has previously had a such an appointment, please give brief details here. We will not contact your relative without your permission.

Relative's name: _____
Hospital: _____
When (approximate date): _____

E. Additional Information

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 (continue on the extra sheet if necessary).

F. Ethnic background

Some types of inherited cancers may be more common in particular populations than others. In order to give you the most accurate advice it is important that we record your ethnic group. Please tick the appropriate box.

White

- ☐ White
☐ Irish
☐ Any other White background

Black or Black British

- ☐ Caribbean
☐ African
☐ Any other Black background

Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Other ethnic origin

- ☐ Chinese
☐ Eastern European/Jewish
☐ Any other ethnic group (specify if you wish)

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, go straight to question 1.2.

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

1.2 Cancer screening (surveillance)

Please complete as much information as you can about any cancer screening (surveillance) that you are having, or have had (such as mammography or colonoscopy for example), because of your cancer family history. Leave this section blank and go to question 1.3 if you have never had any screening (surveillance).

Type of screening (surveillance)	How often?	Date of most recent screening	Hospital and name of Consultant

1.3 Please enter your height and current weight: Height: _____ Current weight: _____

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

Section 2 - continued

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, for how many years have you used HRT?: _____

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?: _____

Section 3 - additional information

Use the space below to add any extra information about your medical history that you feel may be relevant, and any of your concerns. Continue on a separate sheet if necessary.

Additional relatives

Space is provided below for details of any relatives (e.g. cousins, partner's family etc.) which you feel may be useful. Please state how they are related to you and other members of your family e.g. "Cousin (daughter of Mary Smith)".

Reference number:

[illegible]