

## Questionnaire

You have been referred to the Regional Genetics Service because of a history of cancer in your family. Please complete this questionnaire, which will help us to assess your risk of cancer.

If possible, please complete the questionnaire in English, or get help to do so.

### When you are completing the questionnaire:

If you do not have exact dates of birth and death, and places where treatment was given, please give approximate dates and ages, and the area of the country where the person lived.

It is important that you include family members who have **not** had cancer, as this influences your cancer risk.

It is important that we know whether relatives are male or female.

If your relatives were treated for cancer in the UK, we need details about them to be able to access the necessary documents.

If your relatives were treated for cancer in another country, we need you to obtain clear documents from a hospital, or official death certificates, confirming each relative's diagnosis. Please bring the documents with you to your clinic appointment. Without documentary evidence of the cancers in your relatives, we cannot recommend a course of treatment.

The last page of the questionnaire has important questions about you.

### Please complete all sections.

Some columns may need a tick (✓). Please complete as appropriate. If a section of the form is not applicable to you, tick the column marked n/a

Tick "documents not possible" only if you know that it will never be possible to obtain documentary records from abroad. Please make every possible effort to obtain records before ticking this column.

### We cannot assess your cancer risk or continue with your referral until we have received your questionnaire.

Name

Address

Date of Birth

Telephone number day:  
Evening:

If you have a partner, is your partner aware of this referral? Please tick ✓

Yes  No

GP name  
GP address

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