

How to complete a Family History Form to assess your risk of inherited breast cancer

Family History Service

Information for Patients

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Introduction

The Family History Form is a questionnaire about the cancers that have occurred in your family.

The aim of this leaflet is to explain:

- why you have been given a Family History Form.
- how the information you give on the form will be used.
- how to fill in the form.
- what happens next.

Why have I been given a Family History Form?

You have been given a form because of concerns about the cancers that have occurred in your family.

In most cases, cancers in a family will have occurred by chance. The risk to other family members is no different to that of the general population.

Before being able to answer your questions about the risks of cancers, we need to have as much information about your family history as possible. We can then recommend extra screening (surveillance) if needed.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is the information on the form used?

The information that you give will be used to:

- Learn about the risk of you developing cancer, and what this might mean for your family.
- Suggest a cancer screening (surveillance) programme for you, in line with government recommendations.

Please remember that all the information you give will stay confidential.

How to fill in the form

- Please give as much information as possible about your immediate (blood) relatives. Include **those who have not had cancer**.
- It is important that you fill out all the sections if possible. The more information we have, the more accurate our assessment will be. An example of how to fill in a row, for someone who has had cancer, is given on the form.
- We need to know the exact blood relationships in your family. For example, if you have a half-brother, please state clearly whether they are related to you through your mother or father.
- Include only **blood relatives** and your spouses or partners. **Do not** include adoptive, foster or step-relatives.

If you have any relatives who **have had cancer** and have not been covered by the form (such as nieces, nephews, cousins, great-grandparents, great-aunts, great-uncles, grandchildren) please include their details in the 'Additional family members' section. It is important that we know their exact relationship to you in order to learn about your risk. An example of how to fill in a row, for another relative who has had cancer, is given on the form

What if I do not know my relatives details?

If there is information that you do not know, someone in your family may be able to help you.

Names

Try to give as much information as possible about your relatives' names, including any other surnames that they may have been known by, such as maiden names.

Address

If you do not know the full address of a relative who has had cancer, it would be helpful to know the town or city that they lived in at the time of diagnosis, or their last known address. **This information is important to include, even if the relative has died.**

Dates of birth and death

If you are not sure of any relatives' dates of birth or death, please estimate the years and circle those that are estimates.

Alive?

We need to know whether or not your relative is still alive. Please put 'Yes' or 'No' in the box

Type of cancer

We need to know where in the body you or your relative had cancer, for example breast, or ovary.

Please say if the cancer was diagnosed in 1 or both breasts. Please do not leave the box blank, put as much information as you can. If you or your relatives have had more than 1 type of cancer, please also include this information.

Age at diagnosis

Put the age that you or your relatives were first diagnosed with cancer. If you or your relatives have had more than 1 type of cancer, put the age at which each cancer was found.

Hospital(s) where treated

Write the names of the hospitals where you or your relatives were treated for cancer. If you do not know the name of the hospital, put the name of the town or city where the treatment took place. If you know the doctor's name, please include this.

Medical history section (page 16)

Fill out as much of this section as possible. We need this information so that your risk can be accurately assessed and to help plan any screening you might need.

If you have any questions or concerns about your family history of cancer, please write these where indicated in Section 3.

What happens next?

When we get your completed Family History Form, we will:

- Assess your risk of developing cancer, based on your family history.

Most family history forms are assessed and dealt with at the Glenfield Hospital. After this assessment a letter will be sent to you, your GP and/or your specialist doctor.

In some cases the family history may need to be assessed further by the Genetics team at the Leicester Royal Infirmary. The Family History Questionnaire will need to be sent on to the Genetics Department. You may be offered an appointment in the Genetics Clinic at the Leicester Royal Infirmary.

The assessment process usually takes some months, so there will be a delay before we contact you. However, feel free to contact us if you have any questions.

How do I get more information?

If you would like more information about any aspect of the Family History Form, or how to fill it in, please contact us:

The Breast Cancer Family History Service

Breast Care Centre

Glenfield Hospital

Leicester

LE3 9QP

Telephone: 0116 2583657

With thanks to West Midlands Family Cancer Strategy for their guidance in the production of this leaflet.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

Family History Form

Family History Service

Surgical Specialties

Glenfield Hospital

Dear

You have been referred to the Breast Cancer Family History Service bythe Breast Clinic.... because of your family history of cancer. To help us assess whether or not your family history places you at increased risk of cancer, we would be grateful if you could kindly complete this questionnaire. Before completing the questionnaire please read the enclosed leaflet entitled "How to complete a Family History Form to assess your risk of inherited breast cancer".

We may not be able to proceed with your referral without your completed questionnaire and this may result in a delayed assessment of your cancer risk. However appointments may be allocated without a completed questionnaire due to information provided by your referrer.

If you have any queries or difficulties in completing this questionnaire, please contact a member of the Breast Cancer Family History Service on **0116 2502517**.

Breast Cancer Family History Service

Breast Care Centre

Glenfield Hospital

Groby Road

Leicester LE3 9QP

Your details

Surname:

First Names:

Address:

.....

Post code:

Surname at Birth: Date of birth:

Sex [please circle]: Male Female

Telephone Numbers: Home.....

Mobile.....

GP Name:

GP Address:

.....

If you have a partner, are they aware of your referral?

Yes ☐

No ☐

Have any members of your family been seen in a genetic department:

Yes ☐

No ☐

If **Yes** please give name(s) of family member(s) seen:

The department where family member was seen:

The department where he/she/they were seen:

Family history Part 1 - You, your spouse or partner, your parents and your grandparents.

Include only blood relatives and your spouse or partner.

Please complete as fully as possible, including relatives who have not had cancer. Do not include adoptive, foster or step parents or step grandparents. If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

First & Last Name	Address	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care
Example: Joanne Bloggs	1 Short Lane Leicester LE1 1SL	11/07/1953	N	21/02/2000	Y	Breast	44	Leicester Royal Infirmary Dr. Smith
Yourself:								
Your mother:								
Your mother's mother:								
Your mother's father:								
Your father:								
Your father's mother:								
Your father's father:								
Your spouse/ partner:								

Family history Part 2 - Your children

Please tick box if this page is not relevant to you, ☐ and move onto Part 3.

Please indicate if any of your children have a parent who is different from the partner named on the previous page.

First & Last Name	Address	Son or Daughter	Date of Birth	Alive? Y / N	Date of (or age at) Death	Had cancer? Y / N	Type of cancer or bowel polyps	Age at diagnosis	Hospital(s) where treated and, if known, doctor(s) involved in care

Please complete as fully as possible, including relatives who have not had cancer. Include only blood relatives. Do not include adoptive, foster or step children.

If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

Family history Part 3 - Your brothers and sisters

Please tick box if this page is not relevant to you, and move onto Part 4.

Please complete as fully as possible, **including relatives who have not had cancer. Include only blood relatives.** Do not include adoptive, foster or step brothers and sisters.

If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

[illegible]

Family history Part 4 - Your mother's brothers and sisters

☐ Please tick box if this page is not relevant to you, and move onto Part 5.

Please complete as fully as possible, **including relatives who have not had cancer. Include only blood relatives.** Do not include adoptive, foster or step brothers and sisters.

If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

[illegible]

Family history Part 5 - Your father's brothers and sisters

Please tick box if this page is not relevant to you,
and move onto Part 6.

1

Please complete as fully as possible, **including relatives who have not had cancer. Include only blood relatives.** Do not include adoptive, foster or step brothers and sisters.

If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

[illegible]

Family history Part 6 - Additional family members

Please tick box if this page is not relevant to you.

Please use this page to add any additional blood relatives, such as first cousins, grandchildren, nieces or nephews **who have had cancer**.

If you are not certain of any dates of birth or dates of death, please estimate the years and circle those that are estimates.

[illegible]

Medical History

Section 1 - Operations

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

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

Section 2 - Cancer screening (surveillance)

Please complete as much information as you can about any cancer screening (for example mammography or colonoscopy) that you are having, or have had, because of your cancer family history. If you have never had any screening, write “none” in the first column.

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

Have you ever had any investigations for breast problems? (Please tick as appropriate)

Yes ☐ No ☐

If yes, please give details:
.....
.....

Section 3 - Supplementary information

Use the space below to add any extra information about your medical history that you feel may be relevant, including any of your concerns and any symptoms that you may be experiencing.

[illegible]

Some types of cancer are slightly more common in Jewish families. Are you or any of your immediate family Jewish? (Please tick as appropriate)

Yes ☐ No ☐

Have there been any marriages/ partnerships between related individuals in your family? (Please tick as appropriate)

Yes ☐ No ☐

Ethnicity form

Please complete this form by placing a tick in the relevant box.

This information is used for statistical purposes only. If you prefer not to provide your ethnicity details, please place a tick in the “Not given” box below.

To which of the following ethnic groups do you belong?:

White

- British ☐
- Irish ☐
- Any other white background ☐

Mixed

- White and Black Caribbean ☐
- White and Black African ☐
- White and Asian ☐
- Other mixed background ☐

Asian or Asian British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Other Asian background ☐

Black or Black British

- Caribbean ☐
- African ☐
- Other Black background ☐

Chinese or other ethnic group

- Chinese ☐
- Other ethnic group ☐

Not given ☐

Thank you for completing this questionnaire. Please return your completed questionnaire to:

Breast Cancer Family History Service

Breast Care Centre

Glenfield Hospital

Leicester LE3 9QP

For office use only:

FHQ to GC assistant	Date given:
Review of completed pedigree	Date given:
Return to co-ordinators to action	Date given:
Notes req / Review / Appt	
Breach date:	
Histo request	
C/Reg request	
Clinical meeting: Date:	Outcome: