



Family No:

Date:

FAMILY CANCER HISTORY FORM

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

You have been referred to Genetic Health Service NZ because of your family history of cancer. In order to provide you with an accurate assessment of your cancer risk, we require some personal and family details. Please complete as much of this form as you can and return to us before your appointment. If there are only a few days until your appointment, please bring the form with you instead.

If you are having difficulty filling out this form, please complete as much as you are able to. We will discuss the details further when we meet.

Full Name:

Maiden / Previous Name(s):

Date of Birth:

Address:

Contact Details: Home: Work:

Cellphone: Email:

Name and Address of GP:.....

What ethnicity do you identify with?: (eg NZ European / Maori / etc):.....

Mother's Side:..... Father's Side:.....

Are you of Jewish descent? If so, on which side?
 (This information may help guide genetic assessment):

Have you or any of your other relatives ever attended a genetic clinic in NZ or overseas? If yes, please indicate:

Name of Relative:DOB:.....

How is this person related to you?:

Approximate Year Seen:

Clinic Location:

Do you know of any other hereditary (genetic) conditions running through your or your partner's family / whanau? Please indicate who is affected, how they are related to you, and their condition:

Please complete as much of this form as you are able to. Information given will be held in confidence by GHSNZ. Please continue on separate page if needed.

Relative	Full Name (Including maiden and/or previous names)	Date of Birth (or approx year)	Alive Y/N	Date of Death (or approx year or age)	If your relatives had cancer	
					Type of Cancer	Age at Diagnosis
You			Y	N/A		
Your Children						
Your Sisters (please indicate if half sister, and whether through mother or father)						
Your Brothers (please indicate if half brother, and whether through mother or father)						
Your Mother						
Your Mother's Sisters (please indicate if half sister, and whether through mother or father)						

Your Mother's Brothers (please indicate if half brother, and whether through mother or father)						
Maternal Grandmother						
Maternal Grandfather						
Your Father						
Your Father's Sisters (please indicate if half sister, and whether through mother or father)						
Your Father's Brothers (please indicate if half brother, and whether through mother or father)						
Paternal Grandmother						
Paternal Grandfather						
Any other relatives who have had cancer.... (and how they are related to you)						



Help Page

- **If you do not know the answer**, please leave blank. You may find it helpful to talk to other family members / whanau who have more information, and then fill this information in.
- **If you are not sure of a date**, either leave blank or write the approximate year (and write “approx”).
- **If you need more space**, please attach another page and include the same details.

Family / Whanau Information Chart

- For your close relatives please fill out the names and general information for everyone, **including those who have not had cancer**.
- **If you are adopted** and do not have information on your biological relatives, please write “adopted” beside your name and return the form to us.
- **If any of your relatives are half brothers or sisters**, please write “half” and tell us which parent you share.
- If some of your relatives are not related by blood (eg stepbrothers or stepsisters), please do not list them.
- **If anyone in your family has changed their name**, please list both the previous name and the name change.

Please return the completed form to your local:

Genetic Health Service NZ – Northern Hub
Auckland Hospital Private Bag 92 024 Auckland
Mail Centre Auckland 1142

Tel: (09) 307 4949 Ext. 25870 Toll
Free: 0800 476 123 Fax: (09) 307
4978 Email: GenSec@adhb.govt.nz

Genetic Health Service NZ – Central Hub
Wellington Hospital
Private Bag 7902
Wellington South

Tel: (04) 385 5310 Toll Free: 0508
364 436 Fax: (04) 385 5822 Email:
genetic.services@ccdhb.org.nz

Genetic Health Service NZ – South Island Hub
Christchurch Hospital Private Bag 4710
Christchurch 8140

Tel: (03) 378 6574 Toll free: 0508
364 436 Fax: (03) 379 1343 Email:
genetic.servicenz@cdhb.health.nz

Please feel free to telephone if you have any questions, or you require any further help in filling out this form