Please complete this form it will help us to draw out your family tree. List **ALL** your relatives (whether or not they have had cancer), all your brothers and your sisters, your mum and your dad, their brothers and sisters and their parents. If you have any queries contact

one of the genetic counsellors on 0141 354 9201. **This information is confidential.**

**Name: …………………………………………………………………… DOB:……..……………..…..…**

**CHI:………………………………………………………………………. Tel. no. : ………………………….**

**Patient contact telephone number:…………………………………………………………………….…..**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name & surname** | **Date of birth** DD/MM/YY | **Cancer**- type, age at diagnosis & hospital where treated | **Date of death** DD/MM/YY  |
| Self: |  |  | **Not applicable (N/A)** |
| Sisters: |  |  |  |
| Brothers: |  |  |  |
| Mother: |  |  |  |
| Father: |  |  |  |
| **First name & surname**  | **Date of birth** DD/MM/YY | **Cancer** - type, age at diagnosis & hospital where treated | **Date of death** DD/MM/YY |
| Mother’s sisters |  |  |  |
| Mother's brothers: |  |  |  |
| Father's sisters: |  |  |  |
| Father's brothers: |  |  |  |
| Mother's mother: |  |  |  |
| Mother's father: |  |  |  |
| Father's mother: |  |  |  |
| Father's father: |  |  |  |

**Any other relevant information e.g.**

**Has any other family member attended a Cancer Genetics Service? Yes or No? If yes, who and where?........………………………………………………..**

**Please note families with Ashkenazi Jewish ancestry have an increased risk of having an altered BRCA 1 gene or BRCA 2 gene.**