Family History Form

If you would like advice on completing this form, please contact Clinical Information Collection Service (CLICS) on 0121 335 8024.

A. Please complete patient details clearly below

Title:	**First Names:**	**Surname:**	**CGU number** / **Date of Birth:**
Previous Surname(s):		**Preferred contact telephone number(s)**	
Please provide an email address if you are happy to be contacted via email:			

Ethnic origin:

White
☐ White British ☐ Irish ☐ Other White background*

Black or Black British
☐ African ☐ Caribbean ☐ Other Black background*

Asian or Asian British
☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian background*

Mixed
☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Other mixed background*

Other ethnic origin
☐ Chinese ☐ Any other ethnic group*

* please specify if possible

_____

Do you require an interpreter? ☐ Yes ☐ No	**If yes, please state which language:**

If you are filling this form on behalf of the patient (e.g. your child), please give your details below.	
Name:	**Relationship:**
Contact details if different:	

If a close relative has previously been referred to a clinical genetics service, please provide their information below.

Name of relative:	**D.O.B:**	**Relationship to you:**
Address:	**Can we write to this person to ask for permission to view their medical records:** ☐ Yes ☐ No	**Hospital they were seen at:**

If you think we may already have this information from another family member, please call us on 0121 335 8024.

B. Patient Medical History

Known diagnoses and symptoms:	Name of hospital and consultant where treated:	Date or approximate year:

Any relevant tests or scans:	Name of hospital and consultant where treated:	Date or approximate year:

Other medical concerns:

How to complete this form

Why have I been given this form?

- You have been given a **Family History Form** in order to obtain more information about your family so that we can draw an accurate family tree. It is useful to know about medical conditions that have occurred in your family as these may be relevant to the condition in your family. The information will be used to give accurate advice to you and your family.
- The information you give us may be shared with other health professionals involved with your care. **This information will not be disclosed to anyone else without your consent.**

Completing the form

- Please complete the form giving as much information as possible about your immediate (blood) relatives, **including those who have not had any problems**. An example of how to fill in a row for someone is given on the form. If you need extra space please use the Additional Relatives sheet and you can continue on a separate sheet if necessary.
- If there is any information that you do not know, perhaps someone in your family will be able to help you. If you do not know the date of birth of a relative, an approximate date (e.g. year of birth) will still be helpful. If you do not know the address of a relative, the name of the town/city where your relative lived would be helpful.
- **We will not contact your relatives without your permission.** It may be useful to obtain more details about your relatives' medical history. We need your relatives' permission to do this but will not make any contact with them without your permission.
- There are two columns at the end of the form asking for your permission to contact your relatives directly with a consent form to access their medical records. If you are happy for us to contact your relatives directly please provide an address. If your relatives ask, we would explain that we are asking for permission on your behalf. It might be helpful to let them know we may be in contact. If you would prefer to pass on a consent form to your relative yourself, please select the second box. We do not usually need to remove any records as we can obtain copies of the appropriate reports.

What happens next?

- Please return this form in the prepaid envelope provided within the next 4 weeks. As soon as we receive the form we can start gathering the information we need.
- Gathering the relevant information can take some time, sometimes up to two months so there may be a delay before your appointment.

If you have any questions or would like advice...

Please contact the CLICS team:

Telephone: 0121 335 8024 **E-mail: genetics.info@nhs.net**

Please return completed forms to:

CLICS, Clinical Genetics Unit, Birmingham Women's Hospital, Edgbaston, Birmingham B15 2TG

The Trust offers patients the opportunity to communicate by email and whilst all reasonable measures are taken to protect the security and confidentiality of information sent and received in this way there are associated risks, which we can discuss with you if you have any concerns.

C. Family History

Please complete the form below, giving as much information as possible about **the patient's** immediate (blood) relatives, **including those who are not affected with any medical conditions.** If there is any information that you do not know, perhaps someone in your family will be able to help you, otherwise write "don't know". An example of how to fill a row in is given on the form. **If you are filling out the form on behalf of someone else, please complete this section from their perspective.**

For all relatives								For relatives with relevant medical conditions only				
Relative		**Full name**	**Previous surname** i.e at birth	**Sex** (M/F)	**Date of birth**	**Alive ?** Yes or No	**Date of death**	**Relevant medical conditions or symptoms**	**Hospital where treated**	**Can we write to this person to ask to view their medical records?**	**If not, can we send you a consent form to pass on?**	**Relatives Address (Please tell your relative if you are allowing us to contact them directly. Your referral is confidential and so we will not discuss with them).**
Example: Your sister		Mary Ann Smith	Williams	F	10/12/1940	Yes	-	Learning difficulties, muscle weakness, heart problems	Hull Royal Infirmary	Yes		1 Main Road, Hull, H1 0XX
Children	1											
	2											
	3											
Sisters if half-sister, please indicate parent in common	1			F								
	2			F								
	3			F								
Brothers if half-brother, please indicate parent in common	1			M								
	2			M								
	3			M								
Mother				F								
Father				M								

For all relatives								**For relatives with relevant medical conditions only**				
Relative		**Full name**	**Previous surname** i.e at birth	**Sex** (M/F)	**Date of birth**	**Alive ?** Yes or No	**Date of death**	**Relevant medical conditions or symptoms**	**Hospital where treated**	**Can we write to this person to ask to view their medical records?**	**If not, can we send you a consent form to pass on?**	**Relatives Address**
Mother's mother				F								
Mother's father				M								
Father's mother				F								
Father's father				M								
Mother's brothers and sisters if half sibling, please indicate parent in common	1											
	2											
	3											
Father's brothers and sisters if half sibling, please indicate parent in common	1											
	2											
	3											

Additional Relatives

Space is provided below for details of any relatives **(e.g. cousins, nieces, nephews, partner or partner's family etc.)** which you feel may be useful.

Please state how they are related to you and other members of your family (see example below).

For all relatives							For relatives with relevant medical conditions only				
Relative	**Full name**	**Previous surname** i.e at birth	**Sex** (M/F)	**Date of birth**	**Alive ?** Yes or No	**Date of death**	**Relevant medical conditions or symptoms**	**Hospital where treated**	**Can we write to this person to ask to view their medical records?**	**If not, can we send you a consent form to pass on?**	**Relatives Address**
Example: Cousin (daughter of Mary Smith)	Meryl Smith	-	F	17/03/1970	Yes	-	Eye problems, hypermobility	Manchester		Yes	

D. Are you aware of any relative who is married to, or a partner of, a cousin, a second cousin, or other relative?

E. Please tell us anything else you feel is important. You can continue on another sheet if you need to.