

Identifying Number	Region	Case No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section FH **Family History Detail** page 4

1=Mother	<input type="checkbox"/>
2=Father	<input type="checkbox"/>

1 Do you have any other young blood relatives who developed cancer or leukaemia

1=Yes 2=No 3=NK

If yes, specify giving exact relationship to informant. _____

young = under 45 years

● et details as on previous sheets.

2 Are there any other **medical** conditions that have occurred in **different** generations of your family

1=Yes 2=No 3=NK

If yes, specify _____

●