

NSW & ACT Hereditary Cancer Registry Screening update form

Please return this form after you have seen your doctor to:

NSW & ACT Hereditary Cancer Registry
Cancer Institute NSW
PO Box 825
Alexandria NSW 1435

Your details

Name:	DoB:
Address:	
Phone (H):	(W):
Mobile:	Email:

Your bowel specialist details

1. Doctor's name: _____
2. Doctor's address: _____
3. Your **last** screening date: _____
4. Which screening did this doctor perform (not all of these may apply to you):
 Colonoscopy Flexible sigmoidoscopy Upper GI endoscopy
 Rigid sigmoidoscopy Other
5. Do you know when you are next due for this screening? Y / N
6. If yes, please fill in your next screening date: _____
7. If no, how often do you see this doctor for this screening?
 3 months 12 months 24 months (2 years)
 6 months 18 months 36 months (3 years)

Comments/requests for further information

Please turn over to enter the details of your other treating doctors

Your other treating doctor's details

1. Doctor's name: _____
2. Doctor's address: _____
3. Specialist type: _____
4. Your **last** screening date: _____
5. Which screening did this doctor perform (not all of these may apply to you):
 CA125 measurement Faecal occult blood testing (FOBT) Urinalysis
 Transvaginal ultrasonography Other
6. Do you know when you are next due for this screening? Y / N
7. If yes, please fill in your next screening date: _____
8. If no, how often do you see this doctor for this screening?
 3 months 12 months 24 months (2 years)
 6 months 18 months 36 months (3 years)

Your other treating doctor's details

1. Doctor's name: _____
2. Doctor's address: _____
3. Specialist type: _____
4. Your **last** screening date: _____
5. Which screening did this doctor perform (not all of these may apply to you):
 CA125 measurement Faecal occult blood testing (FOBT) Urinalysis
 Transvaginal ultrasonography Other
6. Do you know when you are next due for this screening? Y / N
7. If yes, please fill in your next screening date: _____
8. If no, how often do you see this doctor for this screening?
 3 months 12 months 24 months (2 years)
 6 months 18 months 36 months (3 years)