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

<table>
<thead>
<tr>
<th>Your details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone (H):</td>
</tr>
<tr>
<td>Mobile:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your bowel specialist details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctor's name: ____________________________</td>
</tr>
<tr>
<td>2. Doctor's address: ____________________________</td>
</tr>
<tr>
<td>3. Your last screening date: ____________________________</td>
</tr>
</tbody>
</table>
| 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)