

NSW & ACT Hereditary Cancer Registry

Screening update form

Your details

Name

Mobile

Date of birth

Home phone

Address

Email

Please provide your preferred email address for information updates and screening reminders.

Your specialist's details

Doctor's name

Doctor's address

Which screening did this doctor perform and when?

Date in 2023

Date in 2024

Next due date*

Colonoscopy

Gastroscopy (upper GI)

Sigmoidoscopy

Pouchoscopy

* If next due date is not known, please tell us how often you see this doctor for this screening e.g. every 6 months, 12 months, 24 months etc.

Comments

NSW & ACT Hereditary Cancer Registry – Screening update form (continued)

Your other treating doctor details (e.g. GP)

Doctor's name

Doctor's address

Doctor type

Which screening did this doctor perform and when? (optional)

Date in 2023

Date in 2024

Next due date*

* If next due date is not known, please tell us how often you see this doctor for this screening e.g. every 6 months, 12 months, 24 months etc.

Comments and requests for further information are welcome

Please return this form via post or email to:

Cancer Institute NSW
NSW & ACT Hereditary Cancer Registry
Locked Bag 2011
St Leonards NSW 1590
E: cinsw-hcr@health.nsw.gov.au

If you have any questions about these forms or the HCR, please contact us:

T: 1800 505 644
F: (02) 8374 3617
E: cinsw-hcr@health.nsw.gov.au
W: cancer.nsw.gov.au/hereditary-cancer-registry