



Family No: \_\_\_\_\_

Date: \_\_\_\_\_

GHSNZ hub: Auckland/Wellington/Christchurch  
 (delete as appropriate)

## ADULT FAMILY HISTORY FORM

### PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

The Help Page at the back may be useful if you have questions

Please complete as much of this form as you can and return to us before your appointment. If there are only a few days until your appointment, please bring the form with you instead. You only need to fill in your partner's details if you have had children together or are planning to.

**If you are having difficulty filling out this form, please complete as much as you are able to. We will discuss the details further when we meet.**

	Your Details	Your Partner's Details
Full Name:		
Maiden / Previous Name(s):		
Date of Birth:		
Address:		
Home Telephone:		
Work Telephone:		
Cellphone:		
Email:		
Name / Address of GP:		
What ethnicity do you identify with? (eg NZ European / Māori / etc)		
Mother's / Father's Side:		

Have you or any of your other relatives ever attended a genetic clinic in NZ or overseas? If yes, please indicate:

Name of Relative: ..... dob.....

How is this person related to you?: .....

Approximate Year Seen: ..... Clinic Location: .....

Do you know of any other hereditary (genetic) conditions running through your or your partner's whānau / family?  
 Please indicate who is affected, how they are related to you, and their condition:

.....

**Relationship Key: F: Full Brother / Sister**

**H/M: Half Brother / Sister same Mother**

**H/F: Half Brother / Sister same Father**

	<b>Full Name</b> (Including maiden and/or previous names)	<b>Date of Birth</b> (or approx year)	<b>Alive</b> <b>Y/N</b>	<b>Date of Death</b> (or approx year or age)	<b>Health</b>
<b>Your Details</b>			Y	N/A	
<b>Your Children</b>  Please indicate Male / Female and whether F / HM / HF as per Relationship Key  Please also list miscarriages and stillbirths					
<b>Your Sisters</b>  Please indicate Male / Female and whether F / HM / HF as per Relationship Key					
<b>Your Brothers</b>  Please indicate Male / Female and whether F / HM / HF as per Relationship Key					
<b>Your Mother</b>					
<b>Your Father</b>					

<b>Details of other relatives affected by same condition or similar condition.</b> Please indicate how they are related to the patient					
<b>Your Partner</b>					
<b>Please list any other biological children your partner has</b>					
<b>Partner's Sisters</b> Please indicate Male / Female and whether F / HM / HF as per Relationship Key					
<b>Partner's Brothers</b> Please indicate Male / Female and whether F / HM / HF as per Relationship Key					
<b>Partner's Mother</b>					
<b>Partner's Father</b>					



## Help Page

- **If you do not know the answer**, please leave blank. You may find it helpful to talk to other whānau / family members who have more information, and then fill this information in.
- **If you are not sure of a date**, either leave blank or write the approximate year (and write “approx”).
- **If you need more space**, please attach another page and include the same details.

## Whānau / Family Information Chart

- For your close relatives please fill out the names and general information for everyone.
- **If you are adopted** and do not have information on your biological relatives, please write “adopted” beside your name and return the form to us.
- **If any of your relatives are half brothers or sisters**, please write “half” and tell us which parent you share.
- If some of your relatives are not related by blood (eg stepbrothers or stepsisters), please do not list them.
- **If anyone in your family has changed their name**, please list both the previous name and the name change.

Please return the completed form to the genetics services that is looking after your whānau/family:

**Genetic Health Service NZ  
Northern Hub**

Auckland City Hospital  
Private Bag 92024  
Auckland 1142  
Ph: 0800 476 123

**Genetic Health Service NZ  
Central Hub**

Wellington Hospital  
Private Bag 7902  
Wellington 6242  
Ph: 0508 364 436

**Genetic Health Service NZ  
Southern Hub**

Christchurch Hospital  
Private Bag 4710  
Christchurch 8140  
Ph: 0508 364 436

Please feel free to telephone if you have any questions, or you require any further help in filling out this form