

Family/Ancestral Questionnaire

Woman's details	Partner's details
Given name:	Given name:
Family name:	Family name:
Date of birth:	Date of birth:
Address:	Address:
Medicare number:	Medicare number:

Is there a known family history of thalassaemia and/or haemoglobin variant?

(e.g. sickle cell haemoglobin, haemoglobin E or C)

Woman Yes No Not sure Partner Yes No Not sure

What are your or your family's origins?Please tick *all* boxes that apply.

	Region of family/ancestral origin	Woman	Partner
<input type="checkbox"/>	Caucasian - United Kingdom Europe/North America/Australia		
<input type="checkbox"/>	Aboriginal - Torres Strait islanders/Pacific Islands		
<input type="checkbox"/>	South Asian - including the Indian subcontinent		
<input type="checkbox"/>	Oriental - Japan, Taiwan, Korea and China		
<input type="checkbox"/>	Afro-Caribbean - Africa/Middle East/other African origins		

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