



Genetics of Kidneys in Diabetes Study

Personal Information on Proband/Relative

This form is to be completed for every relative seen at the GoKinD Clinic. Send original to the GoKinD Coordinating Center and retain a copy of this form at the clinic.

A. IDENTIFYING INFORMATION

- 1. Clinic Number
2. Family ID Number
3. Proband/Relative Code
4. Proband/Relative's Initials
5. Date Form Completed

B. PROBAND/RELATIVE INFORMATION

- 1. Proband/Relative's full name: a) LAST: b) FIRST: c) MIDDLE:
2. Last name of proband/relative's father
3. Date of birth:
4. Place of birth: a) CITY b) STATE OR PROVINCE
5. Sex: Male (1) Female (2)
6. Does the proband/relative have a Social Security # or, for Canadians, a Social Insurance Number?
7. Does the proband/relative have a driver's license number?

8. Proband/Relative's home address: a) NUMBER AND STREET \_\_\_\_\_

b) CITY \_\_\_\_\_ c) STATE OR PROVINCE \_\_\_\_\_ d) ZIP CODE \_\_\_\_\_

9. Proband/Relative's state or province of legal residence  
(enter even if it's the same as given in Question 8): \_\_\_\_\_

10. E-mail address(optional): \_\_\_\_\_

11. Phone Number (home): \_\_\_\_\_  
(work\*): \_\_\_\_\_

\*optional- only if you wish to be contacted at work

12. Is the proband/relative married?                    NO        YES  
    (1)        (2)

If YES, enter full name of spouse:

a) LAST \_\_\_\_\_ b) FIRST \_\_\_\_\_ c) MIDDLE \_\_\_\_\_

Signature of person who completed this form:

Certification Number (if any)

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_