



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 (Clinic)
2. Family ID Number (Family)
3. Proband/Relative Code (Relcode)
4. Proband/Relative's Initials (Relinit)
5. Date Form Completed (BBformdt)

B. PROBAND/RELATIVE INFORMATION

- 1. Proband/Relative's full name: a) LAST (BBRlast) b) FIRST (BBRfirst) c) MIDDLE (BBRmid)
2. Last name of proband/relative's father (enter even if it's the same as the patient's last name: (BBblast)
3. Date of birth: (BBDobdt)
4. Place of birth: a) CITY (BBCITY) b) STATE OR PROVINCE (BBSTATE)
5. Sex: Male (1) Female (2) (BBSEX)
6. Does the proband/relative have a Social Security # or, for Canadians, a Social Insurance Number? (BBSSN)
7. Does the proband/relative have a driver's license number? (BBLicen)
8. License number (BBLicen1, BBLicen2)
9. State/province of license (BBSTATE)

**BBSTREET**

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

**BBCITY1**

**BBSTATE1**

**BBZIP**

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): \_\_\_\_\_

**BBLEGAL**

**BBEMAIL**

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

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

**BBPHONE1**

(work\*): \_\_\_\_\_

**BBPHONE2**

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

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

If YES, enter full name of spouse:

**BBSLAST**

**BBSFIRST**

**BBSMID**

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

Signature of person who completed this form:

Certification Number (if any)

**BBCERT**

\_\_\_\_\_

\_\_\_\_\_