

ANTENATAL BOOKING PROFORMA

NAME (Check Spelling)*	DOB*
ADDRESS*	
POSTCODE*	TEL*
U/N	NHS No*
LMP*	Smoking Status Y <input type="checkbox"/> N <input type="checkbox"/>
Essential information to aid in screening: Where does your family originate from? Please list all the Countries in the sections below and go as far back as you can eg England and Poland (Great Grandparents).	
†Mother of the baby families origin: Not known (please circle if applicable): adoption/donor egg/donor sperm/bone marrow transplant	
†Father of the baby families origin: Not known (please circle if applicable): adoption/donor egg/donor sperm/bone marrow transplant	
DATE CONTACTED GP*	DATE SEEN BY GP*
SIGNATURE OF MIDWIFE PICKING UP BOOKING	DATE
NAMED MIDWIFE	DATE PATIENT CONTACTED
COMMENTS	
MEDICAL RECORDS CHECK (See Reverse of form) <input type="checkbox"/>	

The reason why we need to know your family origin.

We aim to offer timely antenatal sickle cell and thalassaemia (SCT) screening to all women (and couples) to facilitate informed decision-making during pregnancy.

Although people from any population can have these conditions, individuals from some geographical areas of the world are more likely to be a genetic carrier based on their ancestry. The aim of the Family Origin Questionnaire is to identify the population groups at highest risk of sickle cell, thalassaemia and other haemoglobin variants and ensure timely transition into appropriate care.

We need to know the couples ancestry as far back as the individual can remember (at least 2 generations, but more if possible – this is particularly important for individuals with a mixed background). Please note that we do not require ethnicity.

If you do not know either your ancestry or your partners, please select not known and circle the reason why from the list above. For further guidance please see overleaf.

For further information please see the booklet [Screening tests for you and your baby](#) this can be accessed by either link below:-

<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief>

<http://www.barnsleyhospital.nhs.uk/services/maternity-services/>

Chart at the back

Please tick all boxes in ALL sections that apply to the woman and the baby's father

A. AFRICAN OR AFRICAN-CARIBBEAN (BLACK)	Woman	Baby's father
Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>
Africa (excluding North Africa)	<input type="checkbox"/>	<input type="checkbox"/>
Any other African or African-Caribbean family origins (please write in...)	<input type="checkbox"/>	<input type="checkbox"/>
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B. SOUTH ASIAN (ASIAN)	Woman	Baby's father
India or African-Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistan, Bangladesh	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>
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C. SOUTH EAST ASIAN (ASIAN)	Woman	Baby's father
China including Hong Kong, Taiwan, Singapore	<input type="checkbox"/> #	<input type="checkbox"/> #
Thailand, Indonesia, Burma	<input type="checkbox"/> #	<input type="checkbox"/> #
Malaysia, Vietnam, Philippines, Cambodia, Laos	<input type="checkbox"/> #	<input type="checkbox"/> #
Any other Asian family origins (please write in...) (e.g. Caribbean-Asian)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
D. OTHER NON-EUROPEAN (OTHER)	Woman	Baby's father
North Africa, South America etc	<input type="checkbox"/>	<input type="checkbox"/>
Middle East (Saudi Arabia, Iran etc)	<input type="checkbox"/>	<input type="checkbox"/>
Any other Non-European family origins (please write in...)	<input type="checkbox"/>	<input type="checkbox"/>
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E. SOUTHERN & OTHER EUROPEAN (WHITE)	Woman	Baby's father
Sardinia	<input type="checkbox"/> #	<input type="checkbox"/> #
Greece, Turkey, Cyprus	<input type="checkbox"/> #	<input type="checkbox"/> #
Italy, Portugal, Spain	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mediterranean country	<input type="checkbox"/>	<input type="checkbox"/>
Albania, Czech Republic, Poland, Romania, Russia etc	<input type="checkbox"/>	<input type="checkbox"/>
E* UNITED KINGDOM (WHITE) refer to chart at the back	Woman	Baby's father
England, Scotland, N Ireland, Wales	<input type="checkbox"/>	<input type="checkbox"/>
G: NORTHERN EUROPEAN (WHITE) refer to chart at the back	Woman	Baby's father
Austria, Belgium, Ireland, France, Germany, Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
Scandinavia, Switzerland etc	<input type="checkbox"/>	<input type="checkbox"/>
Any other European family origins, refer to chart (please write in) (e.g. Australia, N America, S Africa)	<input type="checkbox"/>	<input type="checkbox"/>
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* Hb Variant Screening Requested by (F) and/ or (G)	<input type="checkbox"/>	<input type="checkbox"/>
# Higher risk for alpha zero thalassaemia	<input type="checkbox"/>	<input type="checkbox"/>
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H. DON'T KNOW adoption/unknown ancestry	Woman	Baby's father
donor egg/sperm	<input type="checkbox"/>	<input type="checkbox"/>
bone marrow transplant	<input type="checkbox"/>	<input type="checkbox"/>
I. DECLINED TO ANSWER	<input type="checkbox"/>	<input type="checkbox"/>

United Kingdom (White)
England, Scotland, Northern Ireland, Wales

Northern European (White)
Austria, Belgium, Denmark, Greenland, Iceland, Ireland, Italy, France, Germany, Netherlands, North America, Norway, Sweden, Switzerland etc.

Some populations in the following countries have Northern European origin (countries in bold above) and are also at low risk for haemoglobin variants

Northern European Origin (White)
Australia, North America (USA, Canada), South Africa, New Zealand