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## DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 9420

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

### PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

### PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

### PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

### PART IV – DONOR AND FAMILY MEDICAL HISTORY

This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

Please sign and date the statement on page 12.

### INSTRUCTIONS FOR COMPLETING THIS FORM:

1. DO NOT USE PENCIL: USE BLUE OR BLACK INK
2. FORMS IN PENCIL WILL NOT BE ACCEPTED!
3. Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.
4. Do not put your name anywhere on this form, except your signature on page 12.
5. Do not list the city as place of birth for you or family members. List state only (or country if not US born).

Donor ID# **9420**

**PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION**

1. Current Age: <b>24</b>	2. Today's Date: <b>7/29/13</b>	3. Place of Birth (State or Country only): <b>CA</b>
4. Mo./Yr of Birth: <b>08/88</b>	5. Height: <b>6'1"</b>	6. Weight: <b>203 lbs</b>
7. Eye Color: <b>Blue</b>	8. Hair Color: <b>Light brown/red</b>	
9. Hair (circle that apply): Balding <input type="checkbox"/> Thin <input type="checkbox"/> <b>Average</b> <input checked="" type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> <b>Wavy</b> <input checked="" type="checkbox"/> Straight <input type="checkbox"/>	10. Freckles: <b>None</b> <input checked="" type="checkbox"/> Numerous <input type="checkbox"/> Few <input type="checkbox"/>	
11. Skin Color; Brn: <b>Fair</b> <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Olive <input type="checkbox"/> Light Brn <input type="checkbox"/> Reddish Brn <input type="checkbox"/> Med. Brn <input type="checkbox"/> Dark <input type="checkbox"/>		
12. Are you: Left Handed <input type="checkbox"/> <b>Right Handed</b> <input checked="" type="checkbox"/> Ambidextrous <input type="checkbox"/>		
13. Are you a twin? Yes <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> Are there twins in your family? Yes <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> If yes are they: Identical <input type="checkbox"/>		
14. Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other <input type="checkbox"/>		
15. Mother's Ethnicity: 1. <b>NZ New Zealand</b> 2. <b>NZ</b> 3. <b>English</b> 4. <b>Scottish</b>		
16. Father's Ethnicity: 1. <b>USA</b> 2. <b>USA</b> 3. <b>English</b> 4. <b>Estonian</b>		
17. Circle any group from which you descend: African <input type="checkbox"/> <b>Jewish</b> <input checked="" type="checkbox"/> Mediterranean <input type="checkbox"/> <b>Irish American</b> <input checked="" type="checkbox"/> Middle Eastern <input type="checkbox"/> Cajun <input type="checkbox"/> French/Canadian <input type="checkbox"/>		
If Jewish, please circle one of the following: Asian <input type="checkbox"/> <b>Orthodox</b> <input checked="" type="checkbox"/> Ashkenzai <input type="checkbox"/> Sephardic <input type="checkbox"/>		

**PART 1B – EDUCATION AND CAREER**

1. Occupation: <b>Cartographer</b>	2nd Occupation: <b>Engineer</b>
2. What was your high school GPA?	3. Are you currently in college? Yes <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
College/University GPA: <b>3.21</b>	Degree: <b>Bachelor of Science</b>
Post Graduate GPA:	Degree:
4. What are your career goals? <b>To start my own consulting business (mapping/solar)</b>	Major: <b>GIS/Geography</b>

**PART 1C – PERSONAL CHARACTERISTICS**

1. Math Skill Ability: <b>Good</b>	
2. Mechanical Ability: <b>Excellent</b>	
3. Athletic Ability: <b>Fair</b>	
4. Musical Ability: <b>Minimal</b>	
5. Foreign Language Ability: <b>Limited maori</b>	
6. Artistic Ability: <b>Minimal</b>	
7. Special hobbies, talents and interests: <b>Light electrical engineering / solar systems</b>	
8. Favorite Sport: <b>Soccer</b>	9. Favorite Food: <b>Macaroni Cheese</b>
10. Favorite Color: <b>Blue</b>	11. Favorite Pet: <b>Cat</b>
12. Favorite Movie:	13. Favorite Book or Author: <b>Michael Pollan</b>
14. Favorite Music and/or Group(s): <b>Shape shifter, City and Colour Soft Rock, DnB</b>	
15. Where would you like to travel and why? <b>Kenya; for a vastly different experience to traditional destinations, meet people and see all the geographical sights</b>	

Interviewer Comments: \_\_\_\_\_

Donor ID# 9420

**PART 1C – PERSONAL CHARACTERISTICS Cont'd**

1. How would you describe your personality? Assertive and Social

2. Do you consider yourself to be more:  Analytical/Rational or  Intuitive/Feeling  Extrovert or  Introvert

3. Why do you want to be a donor? To provide couples with an opportunity to select the most desirable traits for their children.

4. Who do you most admire and why? My Father, he leads by example accomplishes a huge variety of tasks

**PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)**

1. Do you have any children? Yes   No If Yes, please complete the following below:  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_

2. Have you been responsible for any other pregnancies? Y   N If yes, what year(s) did they occur? \_\_\_\_\_

3. DONOR'S FATHER Yr of Birth: 1954 Place of Birth: WA Eye Color: Blue Hair Color: Black  
 Describe Hair: Balding  Thin  Average  Thick  Curly  Wavy  Straight  Height: 6' 2" Weight: 168 lbs  
 Complexion:  Fair  Medium  Olive  Light/Brown  Medium/Brown  Dark/Brown Freckles: Yes  No   
 Bone Structure: Small  Medium  Large  Very Large  Vision: Excellent  Good  Fair  Poor   
 Occupation: Engineering Geologist Education: College UC Santa Cruz  
 Special skills or characteristics: Bi-lingual practical building skills  
 List any past or present significant health problems: N/A

Is he more (circle one in each column):  Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

4. DONOR'S MOTHER Yr of Birth: 1958 Place of Birth: NZ Eye Color: Green Hair Color: Brown  
 Describe Hair: Balding  Thin   Average  Thick  Curly  Wavy  Straight  Height: 5' 1" Weight: 158 lbs  
 Complexion:  Fair  Medium  Olive  Light/Brown  Medium/Brown  Dark/Brown Freckles: Yes  No   
 Bone Structure:  Small  Medium  Large  Very Large  Vision: Excellent  Good  Fair  Poor   
 Occupation: Chartered Accountant Education: College/CPA  
 Special skills or characteristics: Excellent with numbers  
 List any past or present significant health problems: N/A

Is she more (circle one in each column):  Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

Interviewer Comments: \_\_\_\_\_

Donor ID#

9470

5. DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth: 1992	Eye Color: Blue	Hair Color: Brown
Describe Hair: Balding Thin Average Thick <input checked="" type="radio"/> Curly Wavy Straight			Height: 6'0"	Weight: 187 lbs
Complexion: Fair <input checked="" type="radio"/> Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No	
Bone Structure: Small Medium Large Very Large			Vision: Excellent <input checked="" type="radio"/> Good Fair Poor	
Occupation: CNC operator			Education: Community College	
Special skills or characteristics:				

List any past or present significant health problems:

Is (s)he more (circle one in each column):  Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

6. DONOR'S SIBLING <input type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:
Describe Hair: Balding Thin Average Thick Curly Wavy Straight			Height:	Weight:
Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No	
Bone Structure: Small Medium Large Very Large			Vision: Excellent Good Fair Poor	
Occupation:			Education:	
Special skills or characteristics:				

List any past or present significant health problems:

Is (s)he more (circle one in each column):  Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

7. GRANDPARENTS (Please circle only one for appropriate columns)

	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	NZ	82	Fair	Green	<input checked="" type="radio"/> F <input type="radio"/> P			
MGF	NZ	<del>82</del> 83	Brown	Brown	G F P	83	Car Crash	
PGM	CA	83	Blonde	Blue	G <input checked="" type="radio"/> P			Poor balance
PGF	CA	<del>82</del> 81	Brown	Blue	G F P	81	Cancer colon	

**PART 3 – DONORS PERSONAL MEDICAL HISTORY (Please circle choice)**

1. What is your general state of health?  Excellent  Good  Fair  Poor

2. Do you have any current problems with any of the following?  No  yes (circle all that apply):  
 Skin Mouth Ears Throat Breasts Lungs Heart Stomach Intestines Kidney Bladder Nervous System  
 Blood  
 Eyes Bowel Liver Bones Muscles Blood Vessels Immune System Endocrine system

3. Have you ever been hospitalized?  Yes  No If yes, please explain:

Interviewer Comments: \_\_\_\_\_

Donor ID# 9420

**PART 3 – DONORS PERSONAL MEDICAL HISTORY Cont'd**

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal)  
 Yes  No If yes please provide the following information:  

Year	Hospital	Type of Problem/Surgery
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you have any allergies to drugs, food, or environment, such as hay fever?  Yes  No  Unsure

6. Are you taking any non-prescription medications, including vitamins?  No  Yes Please list any you are currently taking and for how long.

7. Are you taking any prescription medications?  No  Yes Please list any you are currently taking and for how long.

8. Do you use any performance enhancing drugs, including steroids?  Yes  No If so, please list:

9. Do you wear glasses?  Yes  No How is your vision w/o glasses? Excellent Good Fair Poor

10. Are you:  Nearsighted or  Farsighted Your vision is: 20/\_\_\_\_  Unsure

11. Do you have any hearing problems?  Yes  No If yes, please explain:

12. What is the condition of your teeth? Excellent Good Fair Poor How is your diet? Good Fair Poor Vegetarian

13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never

14. Describe your exercise routine: Riding the Seal Point park circuit (12 miles)

15. Have you ever had a serious or prolonged illness?  Yes  No If yes, please explain:

16. Do you take hot baths, hot tubs, saunas or steam baths?  Daily  Weekly  Infrequently

17. Do you use any of the following?  Yes  No If yes, please complete the following information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other _____		

18. Do you smoke?  Yes  No How long have you smoked? If yes how many per day?

19. Do you drink coffee?  Yes  No If yes, how many cups per day? How many alcoholic drinks do you consume in a week? 2 Per Month? 10

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work?  Yes  No  
 If yes, please explain:

Interviewer Comments: \_\_\_\_\_

Donor ID# 9470

21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies:  Yes  No

If yes:	Type	When	How Often	For How Long
Toxic Chemicals				
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicidal Products				

**PART 4 – DONOR AND FAMILY MEDICAL HISTORY**

Please indicate how many of each of the following relatives you have:

Sibling-Brother	<u>1</u>	Aunt-Maternal	<u>4</u>	Cousin-Maternal-Female	<u>3</u>
Sibling-Sister	<u>    </u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>6</u>
Half-Brother	<u>    </u>	Uncle-Maternal	<u>2</u>	Cousin-Paternal-Female	<u>1</u>
Half-Sister	<u>    </u>	Uncle-Paternal	<u>1</u>	Cousin-Paternal-Male	<u>1</u>

Are there any known genetic diseases that run in your family?  Yes  None Known

Please indicate which of the following medical problems you or your blood relatives have had to the best of your knowledge. Please check "No One" for each medical problem listed above which has not affected you or any of your family members.

A	Medical Problem	You		Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Cleft Lip, palate													✓
2	Club Feet													✓
3	Extra fingers and toes													✓
4	Down Syndrome													✓
5	Mental Retardation													✓
6	Unexplained infant or childhood deaths													✓
7	Multiple family members with same trait disease													✓
8	Individuals much shorter/taller than rest of family													✓
9	Individuals who look unusual or different													✓
10	Multiple miscarriages													✓
11	Stillbirths													1 ✓
12	Other birth defects (even if correctable)													✓

Interviewer Comments: \_\_\_\_\_

Donor ID# 9420

Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
B	Skin Problems	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Adult Acne (not teen pimples)													✓
2	Eczema													✓
3	Psoriasis													✓
4	Skin Cancer (Melanoma)													✓
5	Skin Cancer (Basal Cell Carcinoma)													✓
6	Other Skin disorders													✓
Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
C	Sight/Sound/Smell	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Deafness before age 60													✓
2	Significant hearing loss													✓
3	Deformity of the ear													✓
4	Strabismus													✓
5	Cataracts before age 60													✓
6	Macular Degeneration													✓
7	Blindness													✓
8	Color Blindness													✓
9	Glaucoma													✓
10	Anosmia (Lack of Smell)													✓
11	Other sight/sound/smell disorders													✓
Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
D	Mental or Neurological	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Migraines													✓
2	Senility before 50													✓
3	Alzheimer's diseases (age of onset)													✓
4	Parkinson's													✓
5	Multiple sclerosis													✓
6	Cerebral palsy													✓
7	Autism/Mental Retardation													✓
8	Epilepsy or seizure													✓
9	Stroke													✓
10	Progressive Muscular Disorders													✓

Interviewer Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Donor ID# 9420

D	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
11	Learning Difficulties/ Special Ed/Speech Delay															✓
12	Sleep Disorders															✓
13	Attention Deficit Hyperactivity Disorder (ADHD)															✓
14	Hydrocephalus (Fluid on the brain)															✓
15	Disorder of the spinal cord															✓
16	Huntington's disease															✓
17	Degenerative Nerve Disorders															✓
18	Neurofibromatosis															✓
19	Neural tube defect															✓
20	Other diseases of the nervous system															✓
E	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Heart defects at birth															✓
2	Heart disease															✓
3	Heart attack (age of onset)															✓
4	High Cholesterol															✓
5	High Blood Pressure															✓
6	Cardiomyopathy															✓
7	Sudden Death															✓
F	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Anemia															✓
2	Sickle-Cell anemia															✓
3	Hemophilia or other bleeding problems															✓
4	Polycythemia															✓
5	Blood Clots															✓
6	Other blood disorder															✓
G	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Hay Fever															✓
2	Asthma															✓

Interviewer Comments: \_\_\_\_\_



Donor ID# 9420

Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
G	Respiratory (Lungs) Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
3	Tuberculosis															✓
4	Lung cancer															✓
5	Emphysema or Chronic Lung Disease															✓
6	Other lung disease															✓
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
H	Metabolic, Endocrine, or Autoimmune				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Type I Diabetes ( Insulin Dependent, Juvenile Onset)															✓
2	Type II Diabetes (Adult Onset)															✓
2	Thyroid cancer															✓
3	Thyroid disease															✓
4	Goiter															✓
5	Adrenal dysfunction or disorder															✓
6	Other															✓
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
I	Gastro-intestinal Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Ulcer or stomach or duodenum															✓
2	Gallstones		✓													
3	Other liver disease															✓
4	Colon cancer															✓
5	Intestinal cancer															✓
6	Ulcerative colitis															✓
7	Crohn's disease															✓
8	Any other disease/problem of digestive system															✓
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
J	Urinary Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Kidney disease															✓
2	Bladder Cancer															✓
3	Kidney Cancer															✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)															✓
5	Other, including born with one kidney or kidney failure															✓

Interviewer Comments:

IF M - gallstones removed age 30. no current issues.

Donor ID# 9420

K	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Abnormally placed urethra (Hypospadias)															✓
2	Premature Menopause or Ovarian Failure															✓
3	Fragile X Syndrome															✓
	Multiple Miscarriages															✓
3	Uterine fibroids															✓
4	Ovarian cysts															✓
5	Cancer of cervix, ovaries or uterus															✓
6	Ambiguous genitals (hermaphrodite)															✓
7	Other															✓
M	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Early onset cancer (before age 50)															
2	Breast cancer						✓	81								✓
3	Ovarian Cancer															✓
4	Colon Cancer									✓	81					✓
5	Lung Cancer															✓
6	Brain Cancer															✓
7	Prostate Cancer															✓
8	Pancreatic Cancer															✓
9	Leukemia															✓
10	Lymphoma															✓
11	Any family member with more than one type of cancer															✓
12	Other cancer (Describe)															✓
L	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Schizophrenia															✓
2	Manic-depressive illness (Bi-Polar)														✓	✓
3	Other mental health disorder requiring hospitalization															✓
4	Severe depression with period of inability to function															✓

Interviewer Comments: LF MBM - breast CA diagnosed age 81, not doing well.  
mat cousin - bipolar dx age 24, now 27 normal functioning, on meds.  
existence spouse also related.

Donor ID# 9420

N	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins			None Known
		M	F		M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Muscular dystrophy															✓
2	Degenerative Muscle Disorders															✓
3	Lupus															✓
4	Scoliosis															✓
5	Spina bifida															✓
6	Osteoporosis															✓
7	Arthritis (rheumatoid osteo, unknown type)															✓
8	Gout															✓
9	Other musculoskeletal disease															✓
10	Other chronic muscle disease															✓
O	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins			None Known
	Other Disorders	M	F		M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Alcoholism															
2	Drug abuse, misuse, or addiction															
3	Tay-Sachs															
4	Canavan Disease															✓
5	Cystic Fibrosis															✓
6	Gaucher's disease															✓
7	Familial Dysautonomia															✓
8	Bloom syndrome															✓
9	Fanconi anemia group C															✓
10	Glycogen storage disease type 1a															✓
11	Maple syrup urine disease															✓
12	Mucopolidosis type IV															✓
13	Niemann-Pick disease															✓
14	Huntington's chorea															✓
15	Marfan's disease															✓
16	Gulliam-Barre															✓
17	Wilson's disease															✓
18	Adverse Reaction to Medications															✓
19	Diagnosis of any known genetic syndrome															✓
20	Missing teeth (from birth)															✓
21	Any other condition not previously mentioned															✓

Interviewer Comments: ALCOHOL + Marijuana  
MAT COUSIN - SUBSTANCE ABUSE, NOW CLEAN 27 YO

QUT