

THE NZDSA WOULD LIKE TO UPDATE THE DATABASE AND WOULD ASK THAT YOU PLEASE COMPLETE ALL THE FIELDS ON THIS FORM AND RETURN TO EITHER OF THESE OPTIONS:

POST TO - NZDSA, P O Box 4142, SHORTLAND ST, SHORTLAND ST, AUCKLAND 1140

OR

EMAIL TO - [nzdsai@xtra.co.nz](mailto:nzdsai@xtra.co.nz)

OR

FAX - 03 360 2868

Name.....

Address .....

.....Post Code.....

Telephone ..... Mobile ..... Fax .....

Email .....

Name of individual with Down syndrome: .....

Gender of individual: .....

Date of birth:..... Ethnicity: .....

Diagnosis before birth

- No
- Yes

If yes, were you offered support, counselling or referred to the NZDSA?

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Relationship:

- You are the person with Down syndrome
- Parent
- Sibling
- Grandparent
- Other

Type of Down syndrome:

- Trisomy 21
- Mosaic
- Translocation
- Unknown

Please would you provide details about any medical conditions/health issues - e.g. heart defect, autism, colostomy, vision, hearing etc.

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**Any queries please telephone 0800 693 724 press 2**

**MANY THANKS FOR TAKING THE TIME TO COMPLETE THIS**