

PRENATAL GENETIC SCREEN

Name: _____ Date: _____

Date of Birth: _____

1. Will you be 35 years or older when the baby is due: Yes ___ No _____

2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?

	<u>Patient</u>	<u>Baby's Father</u>	<u>Family</u>	<u>None</u>
Autism	_____	_____	_____	_____
Canavan Disease	_____	_____	_____	_____
Congenital Heart Defect	_____	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	_____
Down Syndrome (Mongolism)	_____	_____	_____	_____
Hemophilia/Other blood disorders	_____	_____	_____	_____
Huntington's chorea	_____	_____	_____	_____
Metabolic disorder	_____	_____	_____	_____
Muscular Dystrophy	_____	_____	_____	_____
Neural tube defect, i.e., Spina	_____	_____	_____	_____
Bifida (meningomyelocele or	_____	_____	_____	_____
open spine), anencephaly	_____	_____	_____	_____
Other chromosomal abnormality	_____	_____	_____	_____
PKU	_____	_____	_____	_____
Type I diabetes	_____	_____	_____	_____

If a family member is affected, indicate the relationship of the affected person to you or the baby's father: _____

3. Do you or the baby's father have a birth defect? Yes ___ No _____
If yes, who has the defect and what is it? _____

4. In any previous marriages, have you or the baby's father had a child, born dead or alive, with a birth defect not listed in question 2 above? Yes ___ No _____
If yes, what is/was the defect? _____

5. Do you or the baby's father have any close relatives with mental retardation? Yes ___ No _____
If yes, indicate the relationship of the affected person: _____
Indicate the cause, if known: _____

6. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? Yes ___ No _____
If yes, indicate the condition and the relationship of the affected person to you or the baby's father: _____

7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first trimester spontaneous pregnancy losses? Yes ___ No _____
 Have either of you had a chromosomal study? Yes ___ No _____
 If yes, indicate who and the results: _____
8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease? Yes ___ No _____
 If yes, indicate who and the results: _____
9. If you or the baby's father are of African/African-American descent, have either of you been screened for sickle cell trait? Yes ___ No _____
 If yes, indicate who and the results: _____
10. If you or the baby's father are of Italian, Greek or Mediterranean background, have either of you been tested for B-thalassemia? Yes ___ No _____
 If yes, indicate who and the results: _____
11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for A-thalassemia? Yes ___ No _____
 If yes, indicate who and the results: _____
12. Are you or the baby's father a Jehovah's Witness? Yes ___ No _____
13. Have you had a cesarean section? Yes ___ No _____
 If yes, what was the reason: _____
 If yes, will you attempt a vaginal birth with this pregnancy? Yes ___ No _____
 Don't know _____
14. Excluding iron or prenatal vitamins, have you taken any medications, herbs, supplements, vitamins, illicit or recreational drugs (including alcohol) since being pregnant or since your last menstrual period? Yes ___ No _____
 If yes, give name of medication/drug and time taken during pregnancy: _____
15. Are you up to date with immunizations? Yes ___ No _____
16. Have you had chicken pox? Yes ___ No _____

Signed: _____

Date: _____