

Name: _____

D.O.B.: _____

PRENATAL GENETIC SCREENING

ETHNICITY: ___ African American ___ Asian ___ Caucasian

___ Hispanic ___ Jewish-Ashkenazi ___ Jewish-Sephardic

___ Native American ___ Other: _____ **RELIGION:** _____

1. Will you be 35 years or older when the baby is due?

___ Yes ___ No

2. Do you, the baby's father, or any family member object to receiving blood or blood product?

___ Yes ___ No

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

Down Syndrome (Mongolism)

___ Yes ___ No

Neural tube defect- i.e. spina bifida (meningomyelocele or open spine) anencephaly

___ Yes ___ No

Hemophilia

___ Yes ___ No

Muscular Dystrophy

___ Yes ___ No

Cystic Fibrosis

___ Yes ___ No

If yes, please indicate the relationship of the affected persons to you or to the baby's father:

4. Do you or the baby's father have a birth defects?

___ Yes ___ No

If yes, who has the defect? Please indicate type of birth defect:

5. In any previous marriages, have you or the baby's father had a child born alive or dead, with a birth defect not listed in question 3?

___ Yes ___ No

6. Do you or the baby's father have any close relatives with mental retardation?

___ Yes ___ No

7. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorders or a chromosomal abnormality not listed above?

___ Yes ___ No

8. 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

9. Are you or the baby's father of Jewish ancestry?

___ Yes ___ No

If yes, have you been tested for Tay Sachs disease?

___ Yes ___ No

10. Are you or the baby's father black? __ **Yes** __ **No**
If yes, have you been screened for sickle cell trait? __ **Yes** __ **No**
11. Are you or the baby's father of Italian, Greek, or Mediterranean background? __ **Yes** __ **No**
If yes have you been tested for B- Thalassemia? __ **Yes** __ **No**
12. Are you or the baby's the father of Philippine or Southeast Asian ancestry? __ **Yes** __ **No**
If yes, have either of you been tested for A- Thalassemia? __ **Yes** __ **No**
13. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? __ **Yes** __ **No**
(include non prescription drugs)
If yes give name of medication and time taken during pregnancy:
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Patient Signature

Date