

PRENATAL GENETIC SCREEN

NAME _____

PATIENT # _____

DATE _____

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?

- Down syndrome (mongolism) Yes _____ No _____
- Other chromosomal abnormality 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, 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 _____

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 to you or the baby's father: _____

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 to 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 _____

8. If you or the baby's father are of Jewish ancestry, or are of French Canadian origin, 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 black, 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 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. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include non-prescription drugs) Yes _____ No _____

If yes, give name of medication and time taken during your pregnancy: _____