

PRENATAL GENETIC SCREENING

1. Will you be 35 or older when the baby is born? 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
(Meningomylocele or open spine) | Yes____ No____ |
| • | Anencephaly | Yes____ No____ |
| • | Hemophilia | Yes____ No____ |
| • | Muscular Dystrophy | Yes____ No____ |
| • | Cystic Fibrosis | Yes____ No____ |

If yes to any of these, 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____

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? Yes____ No____

5. Do you or the baby's father have any relatives with mental retardation? Yes____ No____

If yes, indicate the relationship of the affected person to you or the baby's father. _____

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? 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____

If yes, indicate who and the results. _____

8. If you or the baby's father are from Jewish ancestry, have either of you been screened for Tay-Sachs disease and all other Jewish genetic diseases? Yes____ No____

If yes, indicate who and the results. _____

9. If you or the baby's father are of Afro-American ancestry, 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 ancestry, have either of you been screened 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 screened 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 nonprescription drugs) Yes____ No____

If yes, give name of medications and time taken during pregnancy:

Name _____ Date _____