

This questionnaire is for screening only. It does not guarantee the birth of a healthy baby.

First Name _____ MI ____ Last Name _____

SOME MATERIAL CHARACTERISTICS CAN AFFECT YOUR PREGNANCY:

1. Will you be age 35 or older when you deliver? Yes No
2. Have you had, or do you now have, epilepsy or seizures? Yes No
3. Are you a diabetic? Yes No
4. Could you and your partner be related (first cousins, etc.)? Yes No

SOME HEALTH PROBLEMS ARE MORE COMMON IN CERTAIN ETHNIC GROUPS:

5. Are you or your partner?
African American/Black Yes No
If yes, have you or your partner been tested for sickle cell anemia? Yes No Don't Know
Have you or your partner been tested for thalassemia? Yes No Don't Know
Greek, Italian, Middle Eastern, or Asian Yes No
If yes, have you or your partner been tested for thalassemia? Yes No Don't Know
Eastern European (Ashkenazi) Jewish or French Canadian Yes No
If yes, have you or your partner been tested for Tay Sachs disease? Yes No Don't Know

FAMILY HISTORY CAN ALSO BE IMPORTANT:

6. Have you, your partner, or anyone in either of your families had any of the following?
- Down Syndrome (Mongolism/Trisomy 21) or other chromosome problem Yes No
- Neural tube defect (Opening in the spine, spina bifida, anencephaly) Yes No
- Mental Retardation/developmental delay Yes No
- Fragile X syndrome Yes No
- Huntington disease Yes No
- Cystic Fibrosis Yes No
- Muscular dystrophy or other muscle or nerve problems Yes No
- Hemophilia or any other bleeding disorder Yes No
- Other genetic condition Yes No

Please continue on next page

7. Have you, your partner, or anyone in your families had a birth defect?
(such as: cleft lip, blindness, deafness, hydrocephaly (water on the brain), etc.) Yes No

If yes, please describe:

8. Have you, your partner or any other family member been born with a heart defect? Yes No

9. Do you or your partner have a history of three or more miscarriages or a stillbirth? Yes No

If yes, was there a reason for these miscarriages? Yes No

10. Many common diseases such as cancer or Alzheimer's disease may have a genetic cause. This is more likely if there are several family members with the same health problems. Is there any major health problem that is common in your family? Yes No

If yes, please describe:

SOME MEDICATIONS CAN AFFECT YOUR PREGNANCY:

11. Have you taken any of these medications while pregnant?

Seizure/epilepsy medications (Dilantin®, Tegretol®, etc.) Yes No

Lithium for depression Yes No

Accutane or other pills for acne Yes No

Any other medications of concern Yes No

If yes, please describe:

12. Have you used any of the following while pregnant?

Alcohol Yes No

Recreational drugs (*We do a urine drug screen at all NOB visits*) Yes No

Any other drugs that concern you Yes No

If yes, please describe:

13. Have you been around any chemicals that concern you? Yes No

If yes, please describe:

Please discuss any "YES" answers with your physician/health care provider. In some cases, further evaluation by a genetic counselor may be suggested.

I have read all of the above questions carefully, and understand that this information is important for my health care providers to determine if my baby could be at an increased risk to have an inherited disease or birth defect. I also understand that 2-3% of babies are born with a birth defect. Many birth defects cannot be detected before birth and may occur with no family history

Patient Signature

Date _____

Signature