

Prenatal Genetic Screen

Name _____ Date _____

Please Check

1. Will you be 35 years or older when the baby is due?
2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?

1.

Yes	No

Down Syndrome (mongolism)
 Other chromosomal abnormality
 Neural tube defect (i.e. spina bifida,
 Meningomyelocele, open
 Spine or anecephaly)
 Hemophilia
 Muscular Dystrophy
 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?
 If yes, who has the defect and what is it?

3.

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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?
 If yes, what was the defect and who had it?

4.

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5. Do you or the baby's father have any close relatives with Mental retardation?
 If yes, indicate the relationship of the affected person to you or to the baby's father:

5.

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(Over)

- | | Yes | No |
|---|-----|----|
| 6. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or chromosomal abnormality not listed above?
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?
If yes, indicate who and the results: _____
_____ | | |
| 8. Are you or the baby's father of Jewish ancestry?
If so, have either of you been screened for Tay Sachs disease?
If yes, indicate who and the results: _____
_____ | | |
| 9. Are you or the baby's father African-American?
If so, have either of you been screened for sickle cell trait?
If yes, indicate who and the results: _____
_____ | | |
| 10. Are you or the baby's father of Italian, Greek or Mediterranean background?
If so, have either of you been tested for beta thalassemia?
If yes, indicate who and the results: _____
_____ | | |
| 11. Are you or the baby's father of Chinese, Philippine or Southeast Asian ancestry?
If so, have either of you been tested for alpha thalassemia?
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?
If yes, give the name or medication and time taken during pregnancy: _____ | | |
| 13. Have you ever had chicken pox? | | |
| 14. Are you aware of any other health conditions that you or the baby's father may have a history of that may affect the baby? | | |