

Prenatal Genetic Screen

Name _____ **Date of Birth** _____ **Date** _____

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

Down Syndrome	Y N	Muscular Dystrophy	Y N	Cystic Fibrosis	Y N
Other chromosomal abnormality	Y N	Neural Tube Defect	Y N	Hemophilia	Y N

If yes, indicate the relationship of the affected person: _____
3. Do you or the baby's father have a birth defect?-----Y N
 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?----- Y N
5. Do you or the baby's father have any close relatives with intellectual disability?----- Y N
 If yes, indicate the relationship of the affected person: _____
 Indicate the cause, if known: _____
6. Do you, the baby's father, or close relative in either of your families have a birth defect, any familial disorder or a chromosomal abnormality not listed above?----- Y N
 If yes, indicate the condition and the relationship of the affected person: _____
7. In any previous marriage, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses?----- Y N Have either of you had a chromosomal study?----- Y N
8. If you or the baby's father are Jewish ancestry, have either of you been screened for Tay-Sachs disease? Y N
 If yes, indicate who and the results: _____
9. If you or the baby's father are of African decent, have either of you been screened for sickle cell?----- Y N
 If yes, indicate who and the results: _____
10. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been tested for β - thalassemia? ----- Y N 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 α -thalassemia?----- Y N If yes, indicate who and the results: _____
12. Excluding iron and vitamins, have you taken any medications or recreational drugs since becoming pregnant or since your last menstrual period? (including nonprescription drugs)----- Y N
 If yes, give name of medication and time taken during pregnancy: _____
13. Name, Address & ph# of preferred pharmacy: _____
