

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 had any of the following disorders? *Down Syndrome (mongolism) *Other chromosomal abnormality *Neural tube feet, i.e., spina bifida (meningomyelocele or open spine), anencephaly *Hemophilia *Muscular dystrophy *Cystic fibrosis If yes, indicate the relationship of the affected person to you or the baby's father:	Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____ Yes _____ No _____
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 listed in question 2 above?	Yes _____ No _____
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 the baby's father:	Yes _____ No _____
6. Do you, the baby's father, or a close relative of either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? If yes, indicate the condition and the relationship of the affected person to you or the baby's father:	Yes _____ No _____
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? Have either of you had a chromosomal study? If yes, indicate who and the results:	Yes _____ No _____ Yes _____ No _____
8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease? If yes, indicate who and the results:	Yes _____ No _____
9. If you or the baby's father are black, have either of you been screened for sickle cell trait? If yes, indicate who and the results:	Yes _____ No _____
10. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either been tested for B-thalassemia? If yes, indicate who and the results:	Yes _____ No _____
11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for A-thalassemia? If yes, indicate who and the results:	Yes _____ No _____
12. Excluding iron and vitamins, have you taken any medication or recreational drugs since being pregnant or since your last menstrual period? (Include nonprescription drugs) If yes, give name of medication and time taken during pregnancy:	Yes _____ No _____

*Any patient replying "yes" to questions should be offered appropriate counseling. If the patient declines further counseling or testing, this is noted in the chart. Given that genetics is a field in a state of flux, alterations or updates to this form will be required periodically.