

Name: _____

Date: _____

If yes, who?

1. Will you be 35 years or older when the baby is due?	Yes	No
2. Have you, your baby's father, or anyone in either of your families ever had any of the following disorders:		
• Down Syndrome (Mongolism)	Yes	No
• Neural tube defect, i.e. spina bifida, anencephaly	Yes	No
• Hemophilia	Yes	No
• Muscular Dystrophy	Yes	No
• Cystic Fibrosis	Yes	No
3. Do you or the baby's father have birth defects? If yes, who has the defect and what is it?	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 above? If yes, who has the defect and what is it?	Yes	No
5. Do you or the baby's father have any close relatives with mental retardation?	Yes	No
6. Do you, your baby's father, or a close relative in either of your families have a birth defect, any familial disorders, or a chromosomal abnormality not listed above?	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?	Yes	No
8. Have either of you had a chromosomal study? If yes, indicate who and the results:	Yes	No
9. Are you or the baby's father of Jewish ancestry? Ashkenazi Sephardic	Yes	No
10. Have either of you been screened for Tay-Sacs Disease?	Yes	No
11. Are you or the baby's father African-American?	Yes	No
12. Have either of you been screened for sickle cell trait?	Yes	No
13. Are you or the baby's father of Italian, Greek, or Mediterranean background?	Yes	No
14. Have either of you been tested for B-Thalassemia? If yes, indicate who and the results:	Yes	No
15. Are you or the baby's father of Philippine or Southeast Asian ancestry?	Yes	No
16. Have either of you been tested for A-Thalassemia? If yes, indicate who and the results:	Yes	No
17. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period (including non-prescription drugs)? If yes, give the name of the medication and the time taken during pregnancy:	Yes	No
18. Are you and you partner blood relatives?	Yes	No

ETHNICITY

- | | |
|--------------------------|------------------------|
| NW European Caucasian | Hispanic |
| S European Caucasian | African-American |
| Mixed European Caucasian | Native American Indian |
| Ashkenazi Jewish | Asian |
| Other Jewish | Other |

Patient's Signature

PHYSICIAN'S SIGNATURE