

Patient Name/I.D. Number

Physician Name

Family History & Genetic Screening

(to be filled out by patient)

- 1. Have either you or the baby's father had a child born with a birth defects? Yes No

If yes, please describe:

- 2. Did either you or the baby's father have a birth defect yourselves? Yes No

If yes, please describe:

- 3. Please describe any abnormalities that have occurred in children in your family or the baby's father's family (for example, Down's syndrome or other chromosomal defect, mental retardation, emotional problems, birth defects, deformities, or inherited diseases like hemophilia, muscular dystrophy, or cystic fibrosis).

How is the affected person related to you?

- 4. Do either you or the baby's father have a history of pregnancy losses (miscarriages or stillborn)? Yes No

If yes, have either of you had genetic counseling? Yes No

If yes, have either of you had chromosomal studies? Yes No

Where and results:

- 5. Some genetic problems may occur more frequently in couples with certain racial or ancestral backgrounds. Please check if either you or the baby's father is one of these backgrounds:

Jewish ancestry? Yes No

If yes, have you had Tay Sachs screening tests? Yes No

Date: Result:

Black? Yes No

If yes, have you had Sickle Cell screening? Yes No

Date: Result:

Italian, Greek, or Mediterranean? Yes No

If yes, have you been tested for Beta-thalassemia? Yes No

Date: Result:

Phillipine or Southeast Asian? Yes No

If yes, have you been tested for Alpha-thalassemia? Yes No

Date: Result:

- 6. Please indicate if anyone in your family or the baby's father's family has: Asthma Bleeding disorder Diabetes

If yes, how is that person related to you?

- 7. Please list any concerns you have about birth defects or inherited disorders:

- 8. Will you be 35 or older at the time the baby is born? Yes No

- 9. Is there a family history of allergies or heart disease (including high blood pressure)? Yes No

Patient Signature

Print Name

Date

Please complete Obstetrical Medical History on opposite side.

Physician Notes on Genetic Screen: