GENETIC SCREENING AND PREGNANCY QUESTIONAIRRE

Name:___________________________________ DOB:_________________ Age:________

Pregnancy History:

# of Pregnancies	Full Term Deliveries	Preterm Deliveries	Induced AB	Miscarriages	Ectopic	Multiples	Living

Past Pregnancy Details:

Date mm/dd/yy	Weeks along	Hours in labor	Birth Wt.	Sex M/F	Type of Delivery (C-sect, Vaginal, VBAC, Forceps, Vacuum)	Anesthesia (Epidural, General Spinal, IV, None)	Early Labor?	Complications	Hospital

Genetic Screening Questions:
Please identify relationship to child: Mother, Father, Brother, Sister Maternal or Paternal: Grandmother, Grandfather, Aunt, Uncle

________ Patient age 35 years or older as of date of delivery
________Anencephalus (neural tube defect)
________Autistic Disorder
________Canavan Disease (Ashkenazi Jewish)
________Child with Birth Defects not listed
________Chromosomal Anomaly Syndrome
________Congenital Heart Defects
________Cystic Fibrosis
________Down Syndrome
________Familial Dysautonomia (Ashkenazi Jewish)
________Family History of Blood Disorders
________Family History of Mental Retardation
________Fragile X Syndrome

_________Genetic Carrier Status
_________Hemophilia
_________Huntington's Disease
_________Muscular Dystrophy
_________Other Chromosome Anomalies
_________Personal Hx of Endocrine, Metabolic, Immune Disorders (Diabetes, etc)
_________PKU
_________Recurrent Pregnancy Loss
_________Sickle Cell Anemia
_________Spina Bifida
_________Stillborn Delivery
_________Tay-Sachs Disease
_________Thalassemia

________Other not Listed____
________Jewish Ancestry

Medications: Give medication **name, dose & schedule.** Include vitamins, herbals, laxatives and over the counter medications taken since last menstrual period.
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Infection Risks:
_____Exposure to: Chlamydia Genital Herpes Gonorrhea Hepatitis B HIV Syphilis TB

_____High Risk for: Genital Herpes Hepatitis B HIV TB

_____Possible Exposure to: Genital Herpes Hepatitis B HIV STD

_____Personal History of MRSA

_____History of Blood Transfusion(s)
_____History of Chicken Pox
_____History of STD's

______Infection risk/immunosuppression
______Multiple Sexual Partners
______New Sexual Partners

_____Rash/viral illness since LMP
_____Risk for Toxoplasmosis
_____No known infection risk

Are there cats in your home? ______________

Patient Signature:____ Date:__________________