

NAME:

MRN:

D.O.B.

Patient stamp or label above



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Center for High Risk Pregnancies - Perinatal Outreach - Prenatal Genetic Screening Questionnaire

Name _____ MRN: _____

Date of Birth _____ How old will you be when the baby is born? _____

Family and Patient History

1. Is your family or your baby's father's family...

- a. From Southeast Asia, Taiwan, China, or the Philippines?
b. From Italy, Greece, or the Middle East?
c. From Africa or African-American (Black)?
d. Central Eastern European (Ashkenazi) Jewish?
e. Cajun or French Canadian

2. Have you or the baby's father or anyone in either of your families ever had any of the following disorders?

- a. Down syndrome
b. Other chromosomal abnormalities
c. Neural tub defect (spina bifida)
d. Bleeding disorder (hemophilia)
e. Cystic fibrosis
f. Sickle Cell
g. Thalassemia
h. Tay-sachs / Canavan
i. Neurofibromatosis
j. Muscular dystrophy
k. Nerve or muscle disorder
l. Bone or skeletal disorder
m. Polycystic kidney disease
n. Heart defect (at birth)
o. Cleft lip/palate

3. Are you and the baby's father related by blood; for example, cousin?

4. Do you or the baby's father have any close relatives* with mental retardation?

5. A. Do you, the baby's father, or a close relative* in either of your families have a genetic condition or chromosomal abnormality not listed above?

B. Do you, the baby's father, or a close relatives* in either of your families have a birth defect not listed above?

C. Do you, the baby's father, or a close relatives* in either of your families have a serious medical problem that you are concerned about?

6. A. Have you or the baby's father had a baby who died shortly after birth or in the first year?

B. Have you or the baby's father had a stillborn child, or two or more first trimester spontaneous pregnancy losses?

7. Excluding vitamins and iron, have you taken any medications, street drugs, or alcohol since being pregnant or since your last menstrual period?

8. Do you have diabetes?

9. Have you had the Down syndrome screening test?

10. If yes to any questions above, please explain:

Completed by

Date

Reviewed by

Date

*Close relative is a biological child, mother, father, sister, brother, aunt, uncle, or grandparent.