

Lake Shore OB/GYN, LLC

PRENATAL GENETIC SCREEN

Name: _____ 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 ever had any of the following disorders?
Down Syndrome Yes: ___ No: ___
Huntington Chorea Yes: ___ No: ___
Neural tube defect (spina bifida, open spine, anencephaly) Yes: ___ No: ___
Hemophilia Yes: ___ No: ___
Muscular Dystrophy Yes: ___ No: ___
Cystic Fibrosis Yes: ___ No: ___
If yes, indicate the relationship of the affected person to you or to the baby's father: _____
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 not listed in question 2 above? Yes: ___ No: ___
5. Do you or the baby's father have any close relatives with mental retardation? Yes: ___ No: ___
6. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? Yes: ___ No: ___
7. In any previous marriage, have you or the baby's father had a stillborn child or three or more first-timester spontaneous pregnancy losses? Yes: ___ No: ___
8. Are you or the baby's father from any of the following ethnic groups?
Jewish (or of partial Jewish descent) Yes: ___ No: ___
Italian, Greek, or Mediterranean Yes: ___ No: ___
African-American Yes: ___ No: ___
Filipino or Southeast Asian Yes: ___ No: ___
French Canadian Yes: ___ No: ___
Cajun Yes: ___ No: ___
9. To your knowledge, have either you or the baby's father ever been screened for any of the following hereditary diseases?
Tay-Sachs Yes: ___ No: ___
Sickle Cell Trait Yes: ___ No: ___
Thalassemia Yes: ___ No: ___
Cystic Fibrosis Yes: ___ No: ___
If yes, indicate who and the results: _____
10. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include any non-prescription drugs) _____
11. Do you have cats in your home? Yes: ___ No: ___