

*The following questions will help in the care of your pregnancy. Your answers may indicate whether certain tests would be appropriate in helping to evaluate the health of your unborn baby. Please answer all questions as completely as possible. All information will be kept confidential.*

Name: _____	DOB: _____
Date: _____	

Will you be age 35 or more at the time your baby is due?  Yes  No

Are you or the baby's father Asian (from Southeast Asia, China, Taiwan, the Philippines), Greek, Italian, or Middle Eastern? If yes, have either of you been tested to see if you are a carrier of thalassemia? If so, indicate who and the results: \_\_\_\_\_  Yes  No

Have you, the baby's father, or anyone in either of your families been diagnosed with a neural tube defect (spina bifida, meningomyelocele, anencephaly)? If yes, indicate the condition and the person affected: \_\_\_\_\_  Yes  No

Have you, the baby's father, or anyone in either of your families had a pregnancy or a child diagnosed with Down Syndrome? If yes, who: \_\_\_\_\_  Yes  No

Are you or the baby's father Central Eastern European (Ashkenazi), Jewish, or French Canadian? If yes, have either of you been tested to see if you are a carrier of Tay Sachs disease or Canavan's Syndrome?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_

Are you or the baby's father African American (Black)? If yes, have either of you been tested to see if you are a carrier of sickle cell disease?  Yes  No  
If yes, indicate who and the results: \_\_\_\_\_

Do you, the baby's father, or anyone in either of your families have hemophilia or a bleeding disorder? If yes, indicate who and the results: \_\_\_\_\_  Yes  No

Do you, the baby's father, or anyone in either of your families have a neuromuscular disease or muscular dystrophy? If yes, indicate person(s) affected: \_\_\_\_\_  Yes  No

Do you, the baby's father, or anyone in either of your families have cystic fibrosis or are a known carrier for the cystic fibrosis gene?  Yes  No  
If yes, indicate person(s) affected: \_\_\_\_\_

Do you, the baby's father, or anyone in either of your families have Huntington's disease?  Yes  No  
If yes, indicate person(s) affected: \_\_\_\_\_

Do you, the baby's father, or anyone in either of your families have a history of autism, learning disabilities, or intellectual disability (also known as mental retardation)?  Yes  No  
If yes, indicate the condition and person(s) affected: \_\_\_\_\_

Was the person tested for Fragile X syndrome? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you, the baby's father, or anyone in either of your families have an inherited disorder or chromosomal abnormality not listed above? If yes, indicate the condition and the person(s) affected: \_\_\_\_\_  Yes  No

Are you and the baby's father related by blood (i.e. first cousins or closer)?  Yes  No

Do you, the baby's father, or anyone in either of your families have a neuromuscular disease or muscular dystrophy? If yes, indicate person(s) affected: \_\_\_\_\_  Yes  No

Do you, the baby's father, or anyone in either of your families have a birth defect (congenital heart defect, cleft lip, etc.) not listed above? If yes, indicate the defect and the person(s) affected: \_\_\_\_\_  Yes  No

Have you or the baby's father had a stillborn child, three or more first trimester miscarriages, or a child that died within the first year of life in this or any other relationship(s)?  Yes  No

Have you taken any medications or recreational drugs, or had any alcoholic drinks since your last menstrual period? If yes, please list and the date taken: \_\_\_\_\_  Yes  No

Do you have diabetes or have you had diabetes with a previous pregnancy?  Yes  No

Do you or your baby's father have concerns about any other conditions in either of your families? If yes, please explain: \_\_\_\_\_  Yes  No