



# Prenatal Genetic Screen

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

1. Will you be 35 years or older when the baby is due?----- Y N
2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?  
Down Syndrome (mongolism) Y N      Muscular Dystrophy Y N      Cystic Fibrosis Y N  
Other chromosomal abnormality Y N      Neural Tube Defect Y N      Hemophilia Y N  
If yes, indicate the relationship of the affected person: \_\_\_\_\_
3. Do you or the baby's father have a birth defect?-----Y N  
If yes, who has the defect and what is it? \_\_\_\_\_
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?----- Y N
5. Do you or the baby's father have any close relatives with mental retardation?----- Y N  
If yes, indicate the relationship of the affected person: \_\_\_\_\_  
Indicate the cause, if known: \_\_\_\_\_
6. Do you, the baby's father, or close relative in either of your families have a birth defect, any familial disorder or a chromosomal abnormality not listed above?----- Y N  
If yes, indicate the condition and the relationship of the affected person: \_\_\_\_\_
7. In any previous marriage, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses?----- Y N  
Have either of you had a chromosomal study?----- Y N
8. If you or the baby's father are Jewish ancestry, have either of you been screened for Tay-Sachs disease? Y N  
If yes, indicate who and the results: \_\_\_\_\_
9. If you or the baby's father are of African decent, have either of you been screened for sickle cell?----- Y N  
If yes, indicate who and the results: \_\_\_\_\_
10. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been tested for  $\beta$  - thalassemia? ----- Y N      If yes, indicate who and the results: \_\_\_\_\_
11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for  $\alpha$ -thalassemia?----- Y N      If yes, indicate who and the results: \_\_\_\_\_
12. Excluding iron and vitamins, have you taken any medications or recreational drugs since becoming pregnant or since your last menstrual period? (including nonprescription drugs)----- Y N  
If yes, give name of medication and time taken during pregnancy: \_\_\_\_\_