# Prenatal Genetic Screening Questionnaire

Patient's name _____ MD/Clinic _____

Date of birth / / LMP / / EDC / /

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.

| | Yes | No |
|---|---|---|
| 1. Will you be age 35 or more at the time your baby is due? | ☐ | ☐ |
| 2. Are you OR the baby's father Asian (from SE Asia, China, Taiwan, Philippines, India), Greek, Italian, or Middle Eastern? | ☐ | ☐ |
| If yes, has either of you been tested to see if you are a carrier of thalassemia? If yes, indicate who and the results: _____ | ☐ | ☐ |
| 3. Have you, the baby's father, or anyone in your families been diagnosed with a neural tube defect (open spine, spina bifida, anencephaly)? If yes, indicate the condition and the person affected: _____ | ☐ | ☐ |
| 4. 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, indicate who: _____ | ☐ | ☐ |
| 5. Are you OR the baby's father Jewish or French Canadian? If yes, has either of you been tested to see if you are a carrier of Tay-Sachs disease? If yes, indicate who and the results: _____ | ☐ | ☐ |
| 6. Are you OR the baby's father Latino or African American (Black)? If yes, has either of you been tested to see if you are a carrier of sickle cell disease? If yes, indicate who and the results: _____ | ☐ | ☐ |
| 7. Do you, the baby's father or anyone in either of your families have hemophilia or a bleeding disorder? If yes, indicate person(s) affected: _____ | ☐ | ☐ |
| 8 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: _____ | ☐ | ☐ |
| 9. Do you, the baby's father or anyone in either of your families have cystic fibrosis? If yes, indicate person(s) affected: _____ | ☐ | ☐ |
| 10. Do you, the baby's father or anyone in either of your families have Huntington's disease? If yes, indicate person(s) affected: _____ | ☐ | ☐ |
| 11. Do you, the baby's father or anyone in either of your families have a history of autism, learning disabilities or mental retardation? If yes, indicate the condition and person(s) affected: _____ | ☐ | ☐ |
| Was the person tested for Fragile X syndrome? | ☐ | ☐ |
| 12. Do you, the baby's father or anyone in either of your families have an inherited disorder or chromosome abnormality not listed above? If yes, indicate the condition and person affected: _____ | ☐ | ☐ |
| 13. 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 affected: _____ | ☐ | ☐ |
| 14. Have you or the baby's father had a stillborn child or three or more first trimester miscarriages in this or any other relationship(s)? | ☐ | ☐ |
| 15. 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: _____ | ☐ | ☐ |
| 16. Do you or the baby's father have concerns about any other conditions in either of your families? If yes, please explain: _____ | ☐ | ☐ |