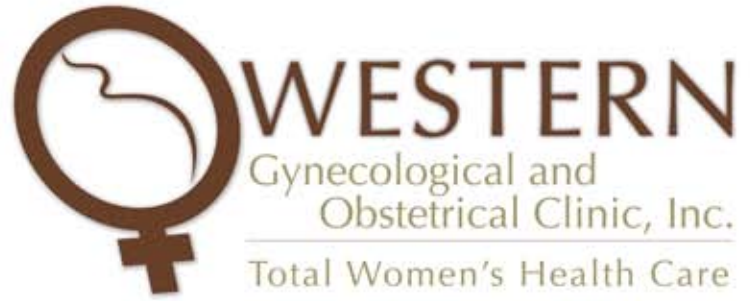


Prenatal Genetics Questionnaire



Name: _____

Date of Birth: _____

Maternal Age

1. Will you be 35 years old or older when the baby is due? YES___ NO___

Genetic Diseases Common to Certain Ethnic Groups

1. Are you or the baby's father of African descent? YES___ NO___

If yes, have either of you been screened for sickle cell trait? YES___ NO___

2. Are you or the baby's father of Eastern European Jewish descent (Ashkenazi)? YES___ NO___

If yes, have either of you been screened for Tay-Sach's disease? YES___ NO___

3. Do you or your partner have any close relatives from Italy, Greece or other Mediterranean countries? If yes, have either of you been screened for beta-thalassemia? YES___ NO___

YES___ NO___

4. Do you or your partner have any close relatives from the Philippines or S.E. Asia? YES___ NO___

If yes, have either of you been screened for alpha-thalassemia? YES___ NO___

Personal and Family Genetic History

1. Have you, the baby's father, or any member of your respective families ever had any of the following disorders?

Down's Syndrome (Mongolism)? YES___ NO___

Other Chromosomal abnormalities? YES___ NO___

Congenital heart defects? YES___ NO___

Hemophilia? YES___ NO___

Muscular Dystrophy? YES___ NO___

Cystic Fibrosis? YES___ NO___

Spina bifida (open spine), hydrocephaly (water on the brain) or anencephaly (absent brain)? YES___ NO___

A genetic disorder or birth defect not listed above? YES___ NO___

If you answered yes to any of the above, what is the relationship of the family member to you?

2. Do you or the baby's father have a birth defect?

If yes, please describe. _____

3. Have you ever had a baby who died in the womb or a baby with a birth defect? YES___ NO___

4. Have you ever had three or more first trimester (first 12 weeks of pregnancy) miscarriages? YES___ NO___

5. Excluding prenatal vitamins, have you ever taken any medications during pregnancy? YES___ NO___

If yes, please list _____

6. Have you ever used any "recreational drugs" (alcohol, marijuana, cocaine, etc.) during pregnancy? YES___ NO___

If yes, please list _____