

## GENETIC SCREENING

Have you, the baby's father, or anyone in either of your families ever had any of the following problems? Please indicate which family member in the comment section.

	Patient	Family
Will you be 35 years old or older when the baby is due?		
Down's Syndrome (mongolism)		
Other chromosomal abnormality		
Neural tube defect, i.e.: Spina Bifida, Meningomyelocele, Anecphaly		
Hemophilia or other bleeding disorders		
Muscular dystrophy		
Cystic Fibrosis		
Sickle Cell Disease		
Do you or the baby's father have a birth defect?		
Do you or the baby's father have any close relatives with mental retardation?		
Do you, the baby's father, or a close relative in either of your families have a birth defect, family disorder, or a Chromosomal abnormality not listed above?		
Have you or the baby's father had a stillborn child or three or more first trimester spontaneous pregnancy losses?		
Have either of you had a chromosomal study?		
If you or the baby's father are of Jewish ancestry have either of you been screened for Tay-Sachs disease?		
If you or the baby's father are African-American, have either of you been screened for Sickle cell trait?		

<b>Immediate Concerns</b>	Yes	No
Are you currently having any vaginal bleeding?		
Are you currently experiencing any significant abdominal pain/cramping?		
Do you have a history of ectopic pregnancy?		
Do you have a history of any severe pelvic infections requiring hospitalizations?		
Do you have a history of pelvic surgery for either infertility or infection?		
Do you have Diabetes that requires medication?		
Comments? _____		
Is this a planned Pregnancy?		
Since becoming pregnant, have you been exposed to any x-rays or Toxic Chemicals?		
Do you have cats?		

**Signatures:**

**Date:**