

## Prenatal Screening Form

Please answer the questions below to the best of your ability. You may have to speak to family members to get the most complete information. When we ask for information about your family members and those of your baby's father, we are interested in learning about you, your baby's father, any other children that either of you might have, and both of your parents, brothers, sisters, grandparents, aunts, uncles, cousins, nieces, and nephews.

1. How old will you be when you deliver this baby? \_\_\_\_\_ How old is your baby's father ? \_\_\_\_\_
2. Is there any history of birth defects, such as cleft lip or palate, spina bifida, a heart defect (such as a hole in the heart), a limb abnormality (such as club foot), a brain or kidney abnormality, a defect in the abdominal wall, or any other birth defect in you, your family, or your baby's father or his family? yes no
3. Has anyone in your family or your baby's father's family had surgery as an infant, died early in childhood, or suffered from an unusual illness or chronic condition? yes no
4. Is there any history of mental retardation, autism, developmental delays, or Fragile X syndrome in anyone in your family or your baby's father's family? yes no
5. Is there any history of any genetic disease, including Down's Syndrome, Cystic Fibrosis, Muscular Dystrophy, Hemophilia, Huntington's Chorea, Phenylketonuria, a congenital hearing loss, or any other chromosomal abnormality or genetic disease in your family or your baby's father's family? yes no
6. Have you ever been screened to see if you are a carrier for Cystic Fibrosis? yes no
7. Does any birth defect or distinctive mark run in your family or your baby's father's family? Examples might include missing digits, light brown birthmarks, club feet, & hair patches at the base of the spine. yes no
8. Have you (or your baby's father in a prior relationship) had 2 or more miscarriages or any stillbirths? yes no
9. Are you or your baby's father Jewish, French Canadian, or Cajun descent? yes no  
If so, have you ever had carrier screening for any of the Ashkenazi Jewish diseases (Tay Sachs, Canavans etc)?
10. Are you or your baby's father African American, Hispanic, or African descent? yes no
11. Are you or your baby's father of Greek, Italian, African American, Mediterranean, or Asian descent? yes no  
If so, is there any family history of thalassemia (Cooley's anemia)?
12. Are you or your baby's father blood relatives or are there any married couples in your families that might be blood relatives? yes no
13. Have you, your baby's father, or any family members had hepatitis or liver disease? yes no
14. Do you have any ongoing medical problems that require a doctor's care, such as thyroid problems, high blood pressure, diabetes, heart disease, or a seizure disorder? yes no
15. Have you or any of your blood relatives ever experienced severe mood problems, other mental health problems, or been hospitalized or under a doctor's care for a psychiatric illness? yes no
16. Have you ever experienced a depression (low mood, the "blues", or postpartum depression) lasting longer than two weeks? Did you seek professional treatment or use any medication? yes no
17. Have you taken any drugs or medicines (over-the-counter, prescription, or recreational) since your last period? yes no  
If so, what have you taken:
18. Have you taken any vitamins or herbal remedies since your last period? yes no  
If so, what have you taken:
19. Have you had any x-rays or radiology tests since your last period? yes no
20. Have you had any beer, wine, or alcohol have you had since your last period? yes no  
If so, what have you drank:
21. Do you smoke cigarettes? If so, how many per day? yes no
25. Did you take any fertility treatments or medications to get pregnant with this pregnancy? yes no  
If so, please list:

22. Have you had any surgery (including tonsils, wisdom teeth, treatment of the cervix, etc.)?  
If so, please list all surgeries: yes no
23. Has your baby's father had any surgery?  
If so, please list all surgeries: yes no
24. Are there any medical problems that have not been mentioned in your family or your baby's father's family that worry or concern you for any reason? If so, please explain: yes no
26. Have you been exposed to any viral illness or had any unusual rash since your last period? yes no
27. Do you have any objections to receiving blood or blood products in an emergency situation? yes no
28. Do you own a cat? If so, who changes the litter? yes no
29. Do you garden outside? If so, do you wear gloves when gardening? yes no
30. Do you eat raw or undercooked meat, unpasteurized dairy products, or unwashed raw produce? yes no
31. Have you ever had the chickenpox or been immunized against varicella (chickenpox)? yes no
32. Have you or your partner ever had oral or genital herpes? yes no
33. Have you ever had a blood transfusion or received any blood products? yes no
34. Do you have any blood relatives who have ever had cancer of the breast, ovaries, or colon or have ever had a blood clot in the legs (phlebitis, deep vein thrombosis, "DVT") or lungs (pulmonary embolus) or a stroke at a young age or while on birth control pills or while pregnant? yes no
35. What kind of environment do you and your baby's father work in and what kind of work do you do?  
(Example: do either of you work with heavy metals, pesticides, chemicals, anesthesia, x-rays, blood products, or in an area with heavy vapors or fumes? Do you work in an office, factory, hair salon, hospital, homemaker etc)
- Your work:
- Your partner's work:
36. We encourage HIV screening (testing for the AIDs virus) for **all** of our patients who are pregnant. If you carry the HIV virus, treatment and interventions during your pregnancy, labor, delivery, and after your delivery can greatly reduce your risk of delivering a baby who is infected with the HIV virus. The following questions may help you decide if you wish to be tested.
- Have you or your partner had more than one sexual partner in the last five years? yes no
  - Have you or your partner had sex with anyone other than each other, even once, since you have been partners? yes no
  - Have you, your partner, or any of either of your previous partners had sex with a gay or bisexual man? yes no
  - Have you, your partner, or any of your previous partners ever used IV drugs? yes no
  - Have you, your partner, or any of either of your previous partners ever had sex with someone who used IV drugs? yes no
  - Have you, your partner, or any of either of your previous partners ever had a blood transfusion? yes no
  - Have you, your partner, or any of either of your previous partners been diagnosed with hemophilia or transfused with Factor VIII? yes no
  - Are you or your partner aware of any previous partners that have tested positive for HIV or have AIDs or ARC? yes no
  - Have you or your partner had any of the sexually transmitted diseases? (syphilis, gonorrhea, chlamydia, genital herpes, genital warts, HPV, Trichomonas, or Hepatitis B or C)? yes no
  - Have you or your partner ever lived in Central Africa or Haiti? yes no
  - Do you have any reason to be concerned that you might have been exposed to the HIV virus? yes no
- Do you accept testing for the HIV virus? undecided yes no
37. Please use the space below to make any other comments that you feel might be important for us to know about you or that might help us to take care of you during your pregnancy:

I have discussed the above questions that are answered "yes" with my doctor and understand the availability and importance of genetic counseling. I wish to obtain genetic counseling. yes no