

Name: _____ Date of Birth: _____ Date: _____

1. Will you be 35 years or older when the baby is due? Yes _____ No _____

2. Have you, the baby's father or anyone in either of your families ever had any of the following disorders:

Down Syndrome Yes _____ No _____

Other chromosomal abnormalities Yes _____ No _____

Neural tube defect (ie. spina bifida, meningomyelocele, anencephaly) Yes _____ No _____

Hemophilia Yes _____ No _____

Muscular Dystrophy Yes _____ No _____

Cystic Fibrosis Yes _____ No _____

3. Do you or the baby's father have a birth defect? Yes _____ No _____

If yes, who has the defect and what is it? _____

4. Have you or the baby's father had a child, born dead or alive, with a birth defect not listed above? Yes _____ No _____

If yes, who has the defect and what is it? _____

5. Do you or the baby's father have any close relative with mental retardation? Yes _____ No _____

If yes, how is this person related and what is the cause, if known: _____

6. Do you, the baby's father or a close relative have a birth defect, familial disorder or chromosomal abnormality not listed above? Yes _____ No _____

If yes, what is the condition and who is affected: _____

7. Have you or the baby's father ever had a stillborn child or three or more first trimester spontaneous pregnancy losses? Yes _____ No _____

Have either of you had a chromosomal study? Yes _____ No _____

If yes, indicate who and the results: _____

8. Are you or the baby's father of Jewish ancestry? Yes _____ No _____

Have you or the baby's father ever been screened for Tay Sach's Disease: Yes _____ No _____

If yes, who was tested and what are the results: _____

9. Are you or the baby's father black? Yes _____ No _____

Have you or the baby's father ever been screened for Sickle Cell Disease: Yes _____ No _____

If yes, who was tested and what are the results: _____

10. Are you or the baby's father of Italian/Greek/Mediterranean background? Yes _____ No _____

Have you or the baby's father ever been screened for Beta Thalassemia: Yes _____ No _____

If yes, who was tested and what are the results: _____

11. Are you or the baby's father of Philippine or Southeast Asian ancestry? Yes _____ No _____

Have you or the baby's father ever been screened for Alpha Thalassemia: Yes _____ No _____

If yes, who was tested and what are the results: _____

12. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period (include nonprescription drugs). Yes _____ No _____

Please list.