



OB/GYN Specialists of Brevard

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PRENATAL GENETIC SCREEN

Name _____

Date _____

		YES	NO
1	Will you be 35 years or older when the baby is due?		
2	Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?		
	Down Syndrome (mongolism)		
	Other chromosomal abnormality		
	Neural tube defect, i.e. spina bifida (meningomyelocele or open spine, anencephaly)		
	Hemophilia		
	Muscular Dystrophy		
	Cystic Fibrosis		
	Huntington's Chorea		
	Diabetes or Metabolic Disorders		
	If yes, indicate relationship of the affected person to you or the baby's father:		
3	Do you or the baby's father have a birth defect?		
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 in question 2 above?		
5	Do you or the baby's father have any close relatives with mental retardation, fragile X or autism?		
6	Do you, the baby's father or a close relative in either of your families have a birth defect, any familial disorder or a chromosomal abnormality not listed above?		
	If yes, indicate the condition and relationship of the affected person to the baby's father:		
7	Were you, the baby's father or a close relative in either of your families born with a heart defect?		
8	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 yes, indicate who and the results:		
9	Are you or the baby's father of Jewish ancestry?		
	If yes, has either of you been screened for Tay-Sachs Disease?		
	Indicate where and the results:		
10	Are you or the baby's father of African American descent?		
	If yes, has either of you been screened for Sickle Cell trait?		
	Indicate where and the results:		
11	Are you or the baby's father of Italian, Greek or Mediterranean background?		
	If yes, has either of you been screened for b-thalassemia?		
	Indicate where and the results:		
12	Are you or the baby's father of Philippine or Southeast Asia ancestry?		
	If yes, has either of you been screened for a-thalassemia?		
	Indicate where and the results:		
13	Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include non-prescription drugs or supplements)		
	If yes, give name of medication and time taken during pregnancy:		

SIGNATURE OF PATIENT (OR PARENT, IF A MINOR)

DATE _____