

Prenatal Screening Questionnaire:

Family and Patient History:

Does your family or father of the baby's family have the following background:

Yes	No	
_____	_____	Southeast Asia, Taiwan, China or the Philippines
_____	_____	Italy, Greece or Middle East

If yes to the above questions, have you or your partner been tested for Thalassemia? Yes No

Yes	No	
_____	_____	Eastern European (Ashkenazi) Jewish
_____	_____	French Canadian

If yes to the previous two questions, have you or your partner been tested for Tay Sachs? Yes No

Yes	No	
_____	_____	African American, African or Black

If yes to the previous question, have you or your partner been tested for Sickle Cell Anemia? Yes No

Have you, the baby's father, or anyone in either of your families ever had any of the following?

Yes	No	
_____	_____	Down Syndrome
_____	_____	Other Chromosome Abnormalities
_____	_____	Neural Tube Defect (e.g. Spina Bifida, Anencephaly)
_____	_____	Hemophilia or other bleeding disorders
_____	_____	Cystic Fibrosis
_____	_____	Sickle Cell Anemia
_____	_____	Thalassemia (Mediterranean Anemia)
_____	_____	Tay Sach's Disease
_____	_____	Muscular Dystrophy
_____	_____	Neurofibromatosis
_____	_____	Huntington's Disease
_____	_____	Other nerve, muscle or seizure disorder (e.g. Epilepsy)
_____	_____	Phenylketonuria (PKU)
_____	_____	Kidney Disease
_____	_____	Heart Defect (from birth)
_____	_____	Cleft Lip and/or Palate
_____	_____	Limb Defects (extra or missing digits, malformed arms, legs, hands or feet)

Yes

No

Deafness / Early Onset Hearing Loss
Blindness / Early Onset Vision Loss

Do you or the baby's father have any relatives with mental retardation or developmental delay?

Does anyone in either of your families have a genetic defect, or chromosome abnormality not listed above?

Have you or the baby's father had a baby that died shortly after birth or in the first year?

Have you or the baby's father had a stillborn child, or three or more first trimester miscarriages?

Are you and the baby's father blood-related in any way (i.e. cousins, uncle-niece, etc..)

Is there any other family history that you have concerns about?

Comments:

Signature of person completing form

Today's Date

