WESTERN
Gynecological + Obstetrical Clinic
Total Women's Health Care

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PRENATAL GENETIC QUESTIONNAIRE

Name of Patient:	DOB:

MATERNAL AGE

1) Will you be 35 years or older when the baby is due?	☐ YES ☐ NO

GENETIC DISEASES COMMON TO CERTAIN ETHNIC GROUPS

1) Are you or the baby's father of African descent?	☐ YES ☐ NO
If yes, have either of you been screened for sickle cell trait?	☐ YES ☐ NO
2) Are either you or the baby's father of Eastern European Jewish descent (Ashkenazi)?	☐ YES ☐ NO
If yes, have either of you been screened for Tay-Sachs disease?	☐ YES ☐ NO
3) Do you or your partner have any close relatives from Italy, Greece, or other Mediterranean countries?	☐ YES ☐ NO
If yes, have either of you been screened for beta-thalassemia?	☐ YES ☐ NO
4) Do you or your partner have any close relatives from the Philippines or South East Asia?	☐ YES ☐ NO

PERSONAL AND FAMILY GENETIC HISTORY

1) Have you, the baby's father, or any member of your respective families ever had any of the following disorders?	
Down's Syndrome (Mongolism)?	☐ YES ☐ NO
Other chromosomal abnormalities?	☐ YES ☐ NO
Congenital heart defects?	☐ YES ☐ NO
Hemophilia?	☐ YES ☐ NO
Muscular Dystrophy?	☐ YES ☐ NO
Cystic Fibrosis?	☐ YES ☐ NO
Spina Bifida (open spine), Hydrocephaly (water on the brain) or Anencephaly (absent brain)?	☐ YES ☐ NO
A genetic disorder or birth defect not listed above?	☐ YES ☐ NO
2) Do you or the baby's father have a birth defect?	☐ YES ☐ NO
If yes, please describe: _____	
3) Have you ever had a baby who died in the womb or a baby with a birth defect?	☐ YES ☐ NO
4) Have you ever had three or more first trimester (first 12 weeks of pregnancy) miscarriages?	☐ YES ☐ NO
5) Excluding prenatal vitamins, have you taken any medications during pregnancy?	☐ YES ☐ NO
If yes, please list: _____	
6) Have you ever used any "recreational drugs" (alcohol, marijuana, cocaine, etc.) during pregnancy?	☐ YES ☐ NO
If yes, please list: _____	