

GENETIC SCREENING QUESTIONNAIRE

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THIS FORM IS TO BE FILLED OUT BY THE MOTHER AND THE FATHER OF THE EXPECTED BABY (BIOLOGIC PARENTS)
PLACE FOR 'YES' IN THE 'Y' BOX; PLACE FOR 'NO' IN THE 'N' BOX

Y N

WILL THE MOTHER BE AGE 35 OR OLDER WHEN THE BABY IS BORN?
AGE OF MOTHER AT EXPECTED DUE DATE _____.

Y N **HAS THE EXPECTED BABY'S MOTHER OR FATHER OR ANYONE IN EITHER OF YOUR FAMILIES EVER HAD:**

- DOWN SYNDROME OR MONGOLISM?
- NEURAL TUBE DEFECT, SPINA BIFIDA, MENINGOMYELOCELE (OPEN SPINE) OR ANENCEPHALY?
- BLOOD OR BLEEDING DISORDERS (HEMOPHILIA, THALASSEMIA, SICKLE CELL ANEMIA)?
- MUSCLE OR NERVE DISORDERS (MUSCULAR DYSTROPHY, MYOTONIC DYSTROPHY, HUNTINGTON'S DISEASE)?
- CYSTIC FIBROSIS, TAY SACHS, CANAVAN DISEASE, GAUCHER DISEASE, NIEMANN-PICK, BLOOM SYNDROME, FANCONI ANEMIA
- A CHROMOSOMAL DISORDER OR BIRTH DEFECT OR ABNORMAL FACIAL STRUCTURE SUCH AS CLEFT PALATE?
- RETARDATION, AUTISM OR FRAGILE (X) SYNDROME?
- KIDNEY DISEASE, CLEFT LIP/PALATE, HEART DEFECTS?
- STILLBORN BABY OR BABY THAT DIED IN THE FIRST YEAR OF LIFE?
- DIFFICULTY BECOMING PREGNANT OR MAINTAINING A PREGNANCY OR 2 OR MORE MISCARRIAGES?

Y N **HAS THIS BABY'S MOTHER (IMMEDIATELY BEFORE OR DURING THIS PREGNANCY) BEEN:**

- USING ANY MEDICINE (LITHIUM, ACCUTANE, ANTICONVULSANTS OR OTHERS)?
- USING ANY DRUGS (COCAINE, ALCOHOL, MARIJUANA, CIGARETTES, TOBACCO, UPPERS, DOWNERS, OR OTHERS)?
- EXPOSED TO X-RAYS OR CHEMICALS AT HOME OR AT WORK?
- INFECTED WITH OR EXPOSED TO INFECTIOUS DISEASE?
- HAD A FEVER OVER 101 DEGREES F OR A RASH?
- EXPOSED TO CAT LITTER? COUNSELING GIVEN ON TOXOPLASMOSIS _____.

Y N **IS THIS BABY'S MOTHER OR FATHER OR OTHER RELATIVE OF:**

- ASHKENAZI JEWISH, CAJUN, OR FRENCH-CANADIAN BACKGROUND?
- IS TAY SACHS DISEASE IN THE FAMILY? TAY SACHS TEST ORDERED _____.
- AFRICAN-AMERICAN OR LATIN BACKGROUND?
- IS SICKLE CELL ANEMIA IN THE FAMILY? SICKLE CELL PREP ORDERED _____.
- MEDITERRANEAN, ASIAN, MIDDLE EASTERN, ITALIAN OR BACKGROUND?
- IS THALASSEMIA IN THE FAMILY?

Y N

ARE THE BABY'S MOTHER AND FATHER GENETICALLY RELATED (COUSINS OR OTHER BLOOD RELATIVES)?

Y N

IS THIS BABY'S MOTHER OR FATHER INFECTED WITH HERPES OR ANY OTHER SEXUALLY TRANSMITTED DISEASE?

I HAVE DISCUSSED THE ABOVE QUESTIONS WITH THE DOCTOR. ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. IT IS STRONGLY RECOMMENDED THAT I SEEK ADDITIONAL GENETIC COUNSELING. AMNIOCENTESIS HAS BEEN OFFERED.

Y N

FURTHER GENETIC COUNSELING CHOSEN _____

Y N

AMNIOCENTESIS CHOSEN _____

PATIENT SIGNATURE

WITNESS SIGNATURE

DATE