

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

**Prenatal Screening for Genetic Disorders**

1. Will you be age 35 or older when the baby is due?     yes     no
2. Have you or the baby's father or anyone in either of your families ever had a baby with: Down's syndrome(mongolism) or other chromosome abnormality? yes no  
Spina bifida or meningomyelocele (open spine)? \_\_\_\_\_Hemophilia?  
\_\_\_\_\_Muscular dystrophy? \_\_\_\_\_
3. Have you or the baby's father had a child born dead or alive with a birth defect not listed in question #2? \_\_\_\_\_If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you or the baby's father have any close relatives with special needs? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
5. Do you or the baby's father or close relative in either of your families have any genetic or familial disease? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you or the spouse of this baby's father in a previous marriage had three or more spontaneous pregnancy losses?  yes      no
7. Do you or the baby's father have any close relatives descended from Jewish people who lived in Eastern Europe (Ashkenazic Jews)? \_\_\_\_\_ If yes have either you or the baby's father been screened for Tay-Sachs disease? \_\_\_\_\_  
If yes, indicate results and who screened: \_\_\_\_\_  
\_\_\_\_\_
8. If patient and her spouse are Black-Have you or the baby's father, or any close relative been screened for sickle cell trait and found to be positive? \_\_\_\_\_ If yes, who and what is their relation to parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If you answered "yes" to any of the above, do you wish to speak with a genetic counselor? yes  no