Genetic Information and Environmental Exposure Questionnaire

Your Name: _____

_DOB: ____/___/____

The purpose of this form is to provide us with genetic and environmental exposure information to determine screening options. We understand that some of these questions may not pertain to every patient's experience, please respond as appropriately as possible.

This is a TWO SIDED QUESTIONNAIRE, please complete BOTH SIDES:

Ethnicity:	African American	Asian	Caucasian	Hispanic	Jewish- Ashkenazi	Jewish- Sephardic	Other:
Relationship status:	Single	Married	Domestic Partnership	Other:			
Occupation:							

	YES	NO
Are you aware of or have you been exposed to any environmental hazards?		
Have you ever:	YES	NO
Had a child born with a birth defect?		
Had a stillborn child?		
Had 3 or more first trimester spontaneous pregnancy losses?		
Have you ever had a chromosomal study?		
If yes, to any of the above, please indicate the findings/ diagnosis:		
Have you, or anyone in your family ever been diagnosed with any of the following:	YES	NO
Cystic Fibrosis		
SMA- Spinal Muscular Atrophy		
Neural tube Defect, i.e. Spina Bifida, anencephaly, open spine		
Hemophilia or a bleeding disorder		
Muscular Dystrophy		
Huntington's Chorea		
Mental retardation		
If yes, who? Was this person ever tested for Fragile X?		
Any other birth defects		
If Yes, what was the nature of the defect?		
Have you ever been exposed to:	YES	NO
Herpes		
Chicken Pox		
Toxoplasmosis		
Hepatitis B		
Tuberculosis		
Fifths' Disease		
HIV		

This side of the questionnaire, is about the father of baby or donor. Please only answer what is applicable.

Name:	A	Age	:

Ethnicity:	African American	Asian	Caucasian	Hispanic	Jewish- Ashkenazi	Jewish- Sephardic	Other:
Occupation:							

Have they been exposed to any environmental hazards that you are aware of? VES NO Have they ever : YES NO Had a child born with a birth defect? Image: Comparison of the above, please indicate the findings/ diagnosis: Image: Comparison of the above, please indicate the findings/ diagnosis: Have they, or anyone in their family ever been diagnosed with any of the following: YES NO Cystic Fibrosis S S NO SMA- Spinal Muscular Atrophy Image: Comparison of the above, please indicate the findings/ open spine Image: Comparison of the above, please indicate the findings of the following: YES NO Nuscular Dystrophy Image: Comparison of the defect is the findings of the following: YES NO Muscular Dystrophy Image: Comparison of the defect is the findings of the following: YES NO Mental retardation Image: Comparison of the defect is the finding of the following: YES NO Have they ever been exposed to: YES NO Image: Comparison of the defect is the finding of the following: Image: Comparison of the defect is the finding of the following: YES NO Hereofold: Image: Comparison of the defect is the finding of the following: YES NO Image: Comparison of the defect is the		YES	NO
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Have you ever had a chromosomal study? If yes, to any of the above, please indicate the findings/ diagnosis: Have they, or anyone in their family ever been diagnosed with any of the following: YES NO Cystic Fibrosis S S SMA- Spinal Muscular Atrophy S S Neural tube Defect, i.e. Spina Bifida, anencephaly, open spine Hemophilia or a bleeding disorder S Muscular Dystrophy S S S Huntington's Chorea S S S Mental retardation S S S If yes, who? Was this person ever tested for Fragile X? S NO Any other birth defects S S S If Yes, what was the nature of the defect? YES NO Herpes S S S Chicken Pox C Toxoplasmosis S Hepatitis B S S S Tuberculosis S S S Fifths' Disease S S S	Had a stillborn child?		
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Tuberculosis	Toxoplasmosis		
Fifths' Disease HIV	Hepatitis B		
HIV	Tuberculosis		
	Fifths' Disease		
CMV	HIV		
	CMV		

Anything else you feel we should know ?