Wellesley Women's Care, P.C. **Genetic / Prenatal Questionnaire**

Your Name: **AGE:**

Will you be 35 years old or older when your baby is due?
Baby's Father's age:

Have you, the baby's father, or anyone in either of your families, ever been diagnosed with any of the following:

Cystic Fibrosis? Yes No
Spinal Muscular Atrophy (SMA)? Yes No
Down Syndrome? Yes No
Any chromosomal abnormality? Yes No
Neural Tube Defect, i.e. Spina Bifida, Anencephaly, open spine? Yes No
Hemophilia or a bleeding disorder? Yes No
Muscular dystrophy? Yes No
Huntington's Chorea? Yes No
Mental retardation? Yes No
If yes, was this person ever tested for Fragile X? Yes No
Any other birth defects? Yes No
If yes, what was the nature of the defect?_____

In any previous relationships, have you ***or*** the baby's father had a child born with a birth defect, had a stillborn child or 3 or more first trimester spontaneous pregnancy losses? Yes No

_____
Have either of you ever had a chromosomal study? Yes No
If yes, indicate the findings._____

Are you or the baby's father:

Jewish or French-Canadian descent? Yes No
If yes, have you been screened for carrier status of Tay Sachs? Yes No
African-American descent? Yes No
If yes, have you been screened for Sickle Cell Trait? Yes No
Italian, Greek or Mediterranean descent? Yes No
If yes have you been screened for Beta-Thalassemia? Yes No
Phillipine or Southeast Asia descent? Yes No
If yes have you been screened for Alpha-Thalassemia? Yes No

Have you recently travelled to an area affected by Zika and are experiencing symptoms such as Fever, rash, headache, joint pain, conjunctivitis or muscle pain? Yes No

Have you taken any medications since your last menstrual period, prescription and non-prescription? Yes No

Have you used any recreational drugs since your last menstrual period ? Yes No

Do you drink alcoholic beverages? Yes No
If yes, how many since your last menstrual period?

Do you smoke? Yes No If yes, how much ?

Do you have cats in your home? Yes No

Do you eat raw meat? Yes No

Are you aware of or have you been exposed to any environmental hazards ? Yes No

Reviewed by : Date: