



Genetics Questionnaire

Name: _____

Date: _____

Total pregnancies: ____

Full term: ____

Premature: ____

Spontaneous or therapeutic abortions: ____

Stillbirths: ____

Ectopic pregnancies: ____

Multiple births: ____

Living: ____

Dates and type of deliveries: (eg. 1992 vaginal, 2005 CS)

Will you be 35 or older at the time of delivery?	Yes No
Will the baby's father be 50 or older at the time of delivery?	Yes No
Have you ever been sensitized a blood antibody	Yes No
Have you ever received blood?	Yes No
Have you ever had surgery on the uterus or cervix (LEEP or Cone biopsy)?	Yes No
Have you ever had trouble with the birth of a baby?	Yes No
Have you ever been exposed to DES (diethyl stilbestrol)?	Yes No
Do you or the baby's father have a birth defect or a chromosomal abnormality? Detail-	Yes No
In any previous relationship have you or the baby's father had a child with a birth defect born either alive or dead? Detail-	Yes No
Do you or the baby's father have a family history of any birth defects, familial problems or chromosomal problems? Detail-	Yes No
Do you or the baby's father have any relatives with a history of mental retardation?	Yes No
Do you or the baby's father have any relatives with autism?	Yes No
Have you or the baby's father ever had a still birth of a child?	Yes No
Have you or the baby's father ever had a history of more than 2 miscarriages?	Yes No
Have you or the baby's father ever had a chromosomal study?	Yes No
Are either you or the baby's father of Eastern European or Jewish ancestry? If yes would you like to be screened for: Tay-Sachs Familial Dysautonomia Mucopolipidosis Canavan Disease Fanconi anemia Bloom syndrome Cystic Fibrosis Nieman-Pick disease Gaucher disease	Yes No
Are either you or the baby's father of French or Cajun ancestry? If yes would you like ok be screened for any of the following- - Tay Sachs - Cystic Fibrosis	Yes No
Are you or the baby's father of Italian, Greek or Mediterranean ancestry? If yes would you like ot be screened for any of the following diseases: - Cystic Fibrosis - Thalessemia - Sickle Cell Disease	
Any history of any of the following? - Any bleeding disorder - Bloom Syndrome - Neurofibromatosis - Fragile X syndrome - Gaucher disease - Huntington's Chorea or movement disorders	Yes No
Would you like to speak to a genetic counselor about any of the above or other diseases or problems?	Yes No
Are there other personal genetic or familial diseases or family history of any problems that you would like to discuss?	Yes No