

PREGNANCY AND GENETIC HISTORY

Name _____

DOB _____

FAMILY HISTORY (Include only information about you, father of baby, grandparents, or close relatives):

Down syndrome	_____	Other chromosome abnormality	_____
Mental retardation	_____	Spina bifida / anencephaly	_____
Hydrocephalus	_____	Cleft lip and/or palate	_____
Congenital heart defect	_____	Skeletal disorder (dwarfism)	_____
Polycystic kidney disease	_____	Cystic fibrosis	_____
Muscular dystrophy	_____	Other birth defects	_____
Jewish ancestry	_____	French Canadian ancestry	_____
Sickle cell disease or trait	_____	Hemophilia or bleeding disorder	_____
Neurofibromatosis	_____	PKU or inborn error of metabolism	_____
Other genetic problem	_____	Are you and baby's father blood related	_____
Huntington disease (chorea)	_____	Congenital blindness or deafness	_____

PREGNANCY HISTORY:

2 or more pregnancy losses	_____	Stillbirth	_____
Surgery on cervix (LEEP)	_____	Cesarean section(s) and number	_____
Preterm delivery	_____	Preeclampsia (toxemia)	_____
Placenta abruption	_____	Blood clots in leg(s) or lung	_____
Pregnancy by infertility	_____	Gestational carrier	_____
Tobacco use	_____	Alcohol or recreational drug use	_____

GENETIC TEST(S) DONE IN THIS PREGNANCY (PGS, NIPT, Amniocentesis, Quad Screen):

ALL MEDICATIONS (including vitamins):