

PREGNANCY SURVEY SHEET

1. Will you be 35 years or older when the baby is due? YES NO
2. Have you, the baby's father, or anyone in either of your families had any of the following disorders?
• Down Syndrome (Mongolism) YES NO • Cystic Fibrosis YES NO
• Other Chromosomal Abnormality YES NO • Neural Tube Defect, i.e., anencephaly,
• Hemophilia YES NO spina bifida (meningomyelocele or open spine) YES NO
• Muscular Dystrophy YES NO
- If yes, indicate the relationship of the affected person to you or to the baby's father* _____
3. Do you or the baby's father have a birth defect? YES NO
If yes, who has the defect and what is it? _____
4. In any previous marriages, have you or the baby's father had a child, born dead or alive, with a defect not listed in #2 above? YES NO
If yes, what was the defect and who had it? _____
5. Do you or the baby's father have any close relatives with mental retardation? YES NO
If yes, indicate the relationship of the affected person to you or the baby's father _____
6. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? YES NO
If yes, indicate the condition and the relationship of the affected person to you or the baby's father _____
7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses? YES NO
If yes, have either of you had a chromosomal study? NO YES~Results _____
8. Are you or the baby's father of Jewish ancestry? YES NO
If yes, have either of you been screened for Tay-Sachs disease? NO YES~Results _____
9. Are you or the baby's father black? YES NO
If yes, have either of you been screened for sickle cell trait? NO YES~Results _____
10. Are you or the baby's father of Italian, Greek or Mediterranean background? YES NO
If yes, have either of you been tested for B-Thalassemia? NO YES~Results _____
11. Are you or the baby's father of Philippine or Southeast Asian ancestry? YES NO
If yes, have either of you been tested for A-Thalassemia? NO YES~Results _____
12. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include nonprescription drugs) YES NO
If yes, give name of medication and time taken during pregnancy _____

13. I consume one or more drinks (including beer) per day per week per month
14. Is there a family history of alcohol abuse? YES NO
15. Have you had, or been exposed to, anyone with hepatitis? YES NO

I HAVE DISCUSSED WITH MY DOCTOR THE ABOVE QUESTIONS WHICH ARE ANSWERED "YES" AND UNDERSTAND THAT I AM AT AN INCREASED RISK FOR _____ AND THAT IT IS USUALLY POSSIBLE TO DIAGNOSE AN AFFECTED FETUS BY TESTING AMNIOTIC FLUID AT ABOUT 16 WEEKS OF PREGNANCY OR AT 10 WEEKS BY CHORIONIC VILLUS SAMPLING.

I DO WANT THE TEST

I DO NOT WANT THE TEST

Patient Signature

Date