

Prenatal Genetic Screening: please circle your answers below

Mother of Baby Ancestry	Father of Baby Ancestry
African American	African American
French Canadian	French Canadian
Ashkenazi Jewish	Ashkenazi Jewish
Italian, Greek, Middle Eastern	Italian, Greek, Middle Eastern
Asian	Asian
Hispanic	Hispanic
Filipino	Filipino
Jewish	Jewish
Other:	Other:

Will you be 35 years old or older when your baby is due? _____

Have you or the baby's father had a stillborn baby or three or more first trimester miscarriages? _____

Have you, the baby's father or anyone in either family ever had any one of the following?

Thalassemia	Yes	No	Don't Know
Neural Tube Defect, Spina Bifida, Anencephaly	Yes	No	Don't Know
Congenital Heart Defect	Yes	No	Don't Know
Down Syndrome	Yes	No	Don't Know
Tay-Sachs	Yes	No	Don't Know
Canavan Disease	Yes	No	Don't Know
Sickle Cell Disease or Trait	Yes	No	Don't Know
Hemophilia or Blood Disorder	Yes	No	Don't Know
Muscular Dystrophy	Yes	No	Don't Know
Cystic Fibrosis	Yes	No	Don't Know
Huntington's Chorea	Yes	No	Don't Know
Mental Retardation	Yes	No	Don't Know
Any other Genetic or Chromosomal Disorder	Yes	No	Don't Know
Maternal Metabolic Disorder (Type 1 Diabetes, PKU)	Yes	No	Don't Know
Do you live with someone with TB or exposed to TB	Yes	No	Don't Know
Do you or your partner have genital herpes_	Yes	No	Don't know