Palm Beach Obstetrics & Gynecology
Genetic History-OB

Name:____ Date:_______________

Date of Birth: ________________

This part of the medical record is strictly confidential. It will not be released to any other person or entity without your written authorization.

1. Pregnancy history: [ ] None

YES	NO		Number	Year(s)
[ ]	[ ]	Miscarriages	_____	_________
[ ]	[ ]	Abortions	_____	_________

Year of birth	Weeks of Pregnancy	Length of labor	Baby's weight	Sex	Delivery (check one) Vaginal	C-Section	Complications

2. Genetic history [ ] Adopted/Unknown

Do you or your family have any history of the following: (Please write which family member next to diagnosis)

YES	NO		
[ ]	[ ]	Downs syndrome	______________________________
[ ]	[ ]	Bleeding problems	______________________________
[ ]	[ ]	Muscle/skeletal problems	______________________________
[ ]	[ ]	Kidney defects	______________________________
[ ]	[ ]	Spine/brain defects	______________________________
[ ]	[ ]	Mental retardation/autism	______________________________
[ ]	[ ]	Learning disabilities	______________________________
[ ]	[ ]	Sickle cell disease	______________________________
[ ]	[ ]	Recurrent pregnancy losses	______________________________
[ ]	[ ]	Epilepsy or seizure disorders	______________________________
[ ]	[ ]	Death of baby at birth or during 1st year	______________________________
[ ]	[ ]	Cystic Fibrosis	______________________________
[ ]	[ ]	Fragile X Syndrome	______________________________
[ ]	[ ]	Other Birth defects	______________________________
[ ]	[ ]	Other Genetic problems	______________________________
[ ]	[ ]	Are you or your partner related to each other by blood?	
[ ]	[ ]	Are you or your partner adopted?	
[ ]	[ ]	Did you get pregnant with the help of infertility treatments?	

3. Ethnic background

YES	NO	
[ ]	[ ]	Italian, Greek, Spanish, Portuguese, Mediterranean or Middle Eastern ancestry
[ ]	[ ]	Jewish, French Canadian or Cajun ancestry
[ ]	[ ]	Asian, Indian ancestry
[ ]	[ ]	African-American ancestry

Your ethnic background: _________________________

Ethnic background of the baby's father: _________________________

4. Social History:

YES	NO		Former	Current	Amount
[ ]	[ ]	Tobacco	[ ]	[ ]	__________
[ ]	[ ]	Alcohol	[ ]	[ ]	__________
[ ]	[ ]	Drugs	[ ]	[ ]	Name:____________________

YES	NO	
[ ]	[ ]	Do you have cats at home?
[ ]	[ ]	Safety concerns at home/Domestic violence

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