

# The OB/GYN Group of Austin

## Genetic Screening Questionnaire

NAME: \_\_\_\_\_

**Will you be 35 years old or older at your due date?** Y      N

**Are you or your baby's father of...**

- Jewish background? Y      N
- Black/African background? Y      N
- Mediterranean background? Y      N
- Asian background? Y      N
- French-Canadian background? Y      N

**Have you...**

- Taken any medications (prescribed or OTC) during this pregnancy? Y      N
- Had any alcohol (beer, wine, hard liquor) during this pregnancy? Y      N
- Used any illegal/street drugs (cocaine, marijuana) during this pregnancy? Y      N
- Taken Accutane, blood thinners, or lithium since your last period? Y      N
- Had radiation therapy or chemotherapy since your last period? Y      N
- Take mega dose vitamins, especially vitamin A since your last period? Y      N

**Do you or your baby's father have epilepsy?** Y      N

- And take medication? If yes type \_\_\_\_\_ Y      N

**Do you have diabetes or have you had diabetes with pregnancy and are/were you...** Y      N

- On insulin Y      N
- On oral hypoglycemic medications Y      N
- Controlled by diet Y      N

**Are you and the father of your baby first cousins or closer?** Y      N

**Have you had...**

- Three or more miscarriages? Y      N
- A stillborn infant? Y      N
- A child that died within the first year of life? Y      N

<b>Have you, the father of your baby, or anyone in either family ever had a child</b>	<u>Self</u>	<u>Father</u>	<u>Family</u>
• With Down Syndrome or other chromosomal abnormality?	Y N	Y N	Y N
• With mental retardation?	Y N	Y N	Y N
• With an open spine (spina bifida), skull defect, or anencephaly?	Y N	Y N	Y N
• With a heart defect?	Y N	Y N	Y N
• With a muscle or neuromuscular disease (muscular dystrophy)?	Y N	Y N	Y N
• With Cystic Fibrosis?	Y N	Y N	Y N
• With Hemophilia, sickle cell, thalassemia, or other blood disorders?	Y N	Y N	Y N
• With any birth defect or genetic disease not listed above?	Y N	Y N	Y N

Patient signature \_\_\_\_\_ date \_\_\_\_\_