| Question | Y | N |
|---|---|---|
| Will you be 35 years old or older at your due date? | Y | N |
| Are you or your partner of: | | |
| Jewish background | Y | N |
| Black/African background | Y | N |
| Mediterranean background (Italian, Greek, etc.) | Y | N |
| Oriental background | Y | N |
| French-Canadian background | Y | N |
| Have you taken any medications (prescription or over the counter) during your pregnancy | Y | N |
| Do you or your partner have epilepsy? | Y | N |
| Have you had alcohol (beer, wine, or hard liquor) during your pregnancy | Y | N |
| Have you used drugs (cocaine, marijuana, speed, etc.) during your pregnancy | Y | N |
| During your pregnancy have you taken Accutane, epilepsy mediation, blood thinners or lithium? | Y | N |
| Are you diabetic? | Y | N |
| Have you had radiation therapy or chemotherapy since your last menstrual period? | Y | N |
| Are you and your partner related in any way (other than by marriage)? | Y | N |

Have you, or your partner, or anyone in either family ever had:

| | myself | | my partner | | either family | |
|---|---|---|---|---|---|---|
| A child with Down Syndrome or other chromosome problem? | Y | N | Y | N | Y | N |
| A child with mental retardation? | Y | N | Y | N | Y | N |
| Open Spine (spina bifida), skull defect, or anencephaly? | Y | N | Y | N | Y | N |
| Heart defect? | Y | N | Y | N | Y | N |
| Muscle or neuromuscular disease (muscular dystrophy)? | Y | N | Y | N | Y | N |
| Three or more miscarriages? | Y | N | Y | N | Y | N |
| A stillborn baby? | Y | N | Y | N | Y | N |
| A baby that died shortly after birth or in the first year? | Y | N | Y | N | Y | N |
| Cystic fibrosis? | Y | N | Y | N | Y | N |
| Hemophilia, sickle cell, thalassemia or other blood disorders? | Y | N | Y | N | Y | N |
| Any birth defect or genetic disease not listed? | Y | N | Y | N | Y | NP |

Patient Identification

Comments (for office use only)

6-2015