

PATIENT'S NAME:	DOB:	LMP:		
PATIENT'S OCCUPATION:				
BABY'S FATHER'S NAME:	DOB:			
EMERGENCY CONTACT NAME:				
EMERGENCY CONTACT PHONE:			YES	NO
Will you be 35 years old or older when your baby is due?				
Have you, the baby's father, or any other family member ever had:				
Down's Syndrome				
Neural tube defects (spina bifida, anecephaly, myelocele)				
Hemophilia				
Muscular Dystrophy				
Cystic Fibrosis				
Huntington's Chorea				
Congenital heart defects				
Tay-Sachs Disease				
Sickle Cell Anemia				
Mental retardation				
Other chromosome/birth defects				
If yes, please describe:				
Have you or the baby's father ever had a baby born (dead or alive) with a chromosomal abnormality?				
Are you or the baby's father of Ashkenazi (Eastern European) Jewish descent?				
If yes, do any relatives have:				
Tay-Sachs Disease				
Canayan Disease				
Familial Dysautonomia				
Gaucher Disease				
Fanconi Anemia				
Bloom Syndrome				
Mucopolipidosis IV				
Are you or the baby's father of African American descent?				
If yes, have either of you been screened for sickle cell anemia?				
Are you or the baby's father Southeast Asian, Philippine, Greek, Italian, or Mediterranean descent?				
If yes, have either of you been screened for Thalassemia?				
Have you had chicken pox?				
Have you had hepatitis?				
Do you or your partner have a history of genital herpes?				
Do you eat raw meat?				
Do you eat sword fish, shark, mackerel, or tilefish?				
Do you have cat(s)?				
If yes, do you change the litter box?				

PATIENT NAME:		
Check any that apply to you:	history of IV drug use	bisexual partners
multiple sexual partners	blood transfusions	work involving blood or bodily fluids
		YES NO
Have you taken any medications (prescription or over the counter) or used any recreational drugs since your last period?		
If yes, please list:		
Do you have any specific occupational /work exposures that could affect your pregnancy?		
If yes, please describe:		
If you've had previous pregnancies, please list any complications that occurred:		
Some genetic prenatal blood testing require ethnicity information. Please state:		
your ethnicity:		
baby's father's ethnicity:		