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Genetic History Questionnaire for Prenatal Patients

Is your family…

- Asian ☐ Yes ☐ No
- Mediterranean ☐ Yes ☐ No
- Middle Eastern ☐ Yes ☐ No
- West Indian ☐ Yes ☐ No
- African American / African ☐ Yes ☐ No
- Hispanic ☐ Yes ☐ No
- Ashkenazi Jewish ☐ Yes ☐ No

The next questions are in regards to you, your baby's father, both families
(mother/father, sister/brother, grandparent, aunt/uncle, niece/nephew, cousin)

Has anyone ever been diagnosed with…

- Spina Bifida (opening in the back or spine) ☐ Yes ☐ No
- Anencephaly (absence of part of brain/skull) ☐ Yes ☐ No
- Cleft lip/palate ☐ Yes ☐ No
- Congenital heart defect ☐ Yes ☐ No
- Down Syndrome (Trisomy 21) ☐ Yes ☐ No
- Intellectual disability ☐ Yes ☐ No
- Fragile X ☐ Yes ☐ No
- Cystic Fibrosis (CF) ☐ Yes ☐ No
- Muscular Dystrophy ☐ Yes ☐ No
- Hemophilia / Bleeding disorder ☐ Yes ☐ No
- Huntington disease ☐ Yes ☐ No

The next questions are in regards to YOU only

Have you had a still born baby (after 20 weeks gestation) or 2+ miscarriages? ☐ Yes ☐ No

Do you have any of the following health problems (if yes, please list any medications that you take):

- Diabetes ☐ Yes ☐ No
- High blood pressure ☐ Yes ☐ No
- Thyroid disorder ☐ Yes ☐ No
- Seizures ☐ Yes ☐ No
- Depression / Anxiety / Bipolar ☐ Yes ☐ No
- Acne ☐ Yes ☐ No