

RAMAPO VALLEY OB/GYN - PC

Patient Name _____ Patient# _____ Date _____

1. Will you be 35 years or older when the baby is due? Yes No
2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?
 - Down syndrome (mongolism) Yes No
 - Other chromosomal abnormality Yes No
 - Neural tube defect, i.e., spina bifida (meningomyelocele or open spina, anencephaly) Yes No
 - Hemophilia Yes No
 - Muscular dystrophy Yes No
 - Cystic fibrosis Yes NoIf yes, indicate the relationship of the affected person to you or to the baby's father: _____
3. Do you or the baby's father have a birth defect? Yes No
If yes, who has the defect, and what is it? _____
4. In any previous marriages, have you or the baby's father had a child, born dead or alive, with a birth defect not listed in question 2 above? Yes No
If yes, who had the defect, and what was it? _____
5. Do you or the baby's father have any close relatives with mental retardation? Yes No
If yes, indicate the relationship of the affected person to you or to the baby's father: _____
Indicate the cause, if known: _____
6. Do you, the baby's father or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? Yes No
If yes, indicate the condition and the relationship of the affected person to you or to the baby's father: _____
7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first trimester spontaneous pregnancy losses? Yes No
Have either of you had a chromosomal study? Yes No
If yes, indicate who and the results: _____
8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease? Yes No
If yes, indicate who and the results: _____
9. If you or the baby's father are black, have either of you been screened for the sickle cell trait? Yes No
If yes, indicate who and the results: _____
10. If you or the baby's father are of Italian, Greek, or of Mediterranean background, have either of you been tested for thalassemia? Yes No
If yes, indicate who and the results: _____
11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for thalassemia? Yes No
If yes, indicate who and the results: _____
12. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include non-prescription drugs) Yes No
If yes, give name of medication and time taken during pregnancy: _____
13. Do you have any animals (cats, dogs, etc.) in your household? Yes No