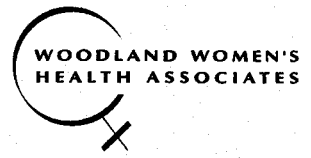


YOUR RACE (check one)



Caucasian Hispanic
Black Other (specify)

Prenatal Diagnosis Screening Patient Signature _____ Date _____

- Yes No 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)
 - Other chromosomal abnormality
 - Neural tube defect, i.e., spina bifida (meningomyelocele or open spine), anencephaly
 - Hemophilia
 - Muscular dystrophy
 - Cystic fibrosis
 If yes, indicate the relationship of the affected person to you or to the baby's father: _____
- Yes No 3. Do you or the baby's father have a birth defect?
If yes, who has the defect and what is it? _____
- Yes No 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?
If yes, what was the defect and who had it? _____
- Yes No 5. Do you or the baby's father have any close relatives with mental retardation?
If yes, indicate the relationship of the affected person to you or to the baby's father: _____
Indicate the cause if known: _____
- Yes No 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?
If yes, indicate the condition and the relationship of the affected person to you or to the baby's father: _____
- Yes No 7. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (include nonprescription drugs)
If yes, give name of medication and time taken during pregnancy: _____
- Yes No 8. Do you have a history of Herpes or any other recurring sores or ulcers?
Do you have a history of exposure to a sexual partner with Herpes?
If yes, describe: _____
- Yes No 9. Have you or the baby's father had any venereal or sexually transmitted infections?
If yes, describe: _____
- Yes No 10. Are you a Jehovah's witness?
- Yes No 11. Would you like to be tested for HIV?
- Yes No 12. Do you consume two or more cocktails/wine on a daily basis?
- Yes No 13. What is the nature of your work? _____
- Yes No 14. What is your potential exposure to chemicals, physical agents or biological agents in your workplace? _____
- Yes No 15. 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 15a. Have either of you had a chromosomal study?
- Yes No 16. Are you or the baby's father of Jewish ancestry?
- Yes No 16a. If yes, have either of you been tested for Tay-Sachs Disease?
- Yes No 17. If you or the baby's father are black, have either of you been screened for sickle cell trait?
- Yes No 18. If you or the baby's father are Italian, Greek or Mediterranean background, have either of you been tested for b-thalassemia?
- Yes No 19. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for a-thalassemia?

* If you answered yes to questions 15, 16, 17, 18, or 19, please indicate which number(s), indicate who and the results and provide an explanation below:

