OB-GYN
ASSOCIATES

FAMILY GENETIC HISTORY QUESTIONNAIRE

Name: _____ 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, spina bifida (meningomyelocele or open spine), anencephaly? ☐ Yes ☐ No
   - Hemophilia?..... ☐ Yes ☐ No
   - Muscular dystrophy?..... ☐ Yes ☐ No
   - Cystic fibrosis?..... ☐ Yes ☐ No

   If 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, what was the defect and who had 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?
   If yes, indicate who had the results: _____
8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sach's disease? ..... ☐ Yes ☐ No
   If yes, indicate who has the results: _____
9. If you or the baby's father are African American, have either of you been screened for sickle cell trait?
   If yes, indicate who and the results: _____ ☐ Yes ☐ No
10. If you or the baby's father is of Italian, Greek, or Mediterranean background, have either of you been tested for B-thalassemia? ..... ☐ Yes ☐ No
    If yes, indicate who and the results: _____
11. If you or the baby's father is of Philippines or Southeast Asian ancestry, have either of you been tested for A-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 nonprescription drugs) ..... ☐ Yes ☐ No
    If yes, give the name of medication and time taken during pregnancy: _____
    _____

Patient Signature: _____

Reviewed by: _____ M.D.