

# Pacific Obstetrics & Gynecology

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## Prenatal Genetic Questionnaire

- |  | Yes   | No    |
|--|-------|-------|
| 1. Will you be 35 years old or older at the time of your baby's birth?   | _____ | _____ |
| 2. Have you or the baby's father had children or a close relative with any of the following?                                       |       |       |
| a. genetic/ chromosomal disorders (ex. Down syndrome)  | _____ | _____ |
| b. muscular dystrophy  | _____ | _____ |
| c. cystic fibrosis   | _____ | _____ |
| d. hemophilia  | _____ | _____ |
| e. thalassemia   | _____ | _____ |
| f. spina bifida  | _____ | _____ |
| g. mental retardation  | _____ | _____ |
| h. other rare or unusual disorders   | _____ | _____ |
| 3. Are you or the baby's father Jewish?  | _____ | _____ |
| if so, then have you/he been tested for Tay-Sachs?   | _____ | _____ |
| 4. Are you or the baby's father African American?  | _____ | _____ |
| 5. Have you or the baby's father had two or more miscarriages or stillbirths or neonatal deaths in the past?                       | _____ | _____ |
| 6. Have you taken any medications, received vaccinations, had alcohol or recreational drugs or had an x-ray during this pregnancy? | _____ | _____ |
| if so, please explain: _____   |       |       |
| 7. Have you had any illnesses or infections during this pregnancy?   | _____ | _____ |
| if so, please explain: _____   |       |       |
| 8. Have you been exposed to any chemicals/ toxins during this pregnancy?   | _____ | _____ |
| if so, please explain: _____   |       |       |
| 9. Are you and the baby's father blood related?  | _____ | _____ |
| if so, please explain: _____   |       |       |
| 10. Is there any other information regarding this pregnancy that you want to share?  |       |       |
| if so, please explain: _____   |       |       |

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you!**