|  |  |  |
| --- | --- | --- |
| SCWHCA_1 | **Southern Connecticut Women’s Health Care Associates**  **247 Broad Street, Milford CT 06460**  **P. (203) 783-0543 – F. (203) 874-5728** | Miriam Sivkin, M.D. FACOG  Mary Murray, M.D. FACOG  Erika Schaeffer, M.D. |

**Genetics Screening Questionnaire**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Today’s Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question**  **The following questions pertain to you, the father of the baby, or anyone in either family.** | | **Yes** | **No** |
| 1 | Is your age equal to or greater than 35 years? |  |  |
| 2 | Does anyone have hemophilia or a bleeding disorder? |  |  |
| 3 | Has or does anyone suffer from Neural Tube Defect (Meningomyelocele, Open Spine or Anencephaly?) |  |  |
| 4 | Does anyone have Down Syndrome (Mongolism)? |  |  |
| 5 | Are you or the baby’s father Jewish, French-Canadian or of Irish ancestry? |  |  |
| 6 | Are you or the baby’s father African-American? |  |  |
| 7 | If you answered yes to question #6, have either of you been screened for Sickle Cell Trait? |  |  |
| 8 | Are you or the baby’s father of Italian, Greek or Mediterranean background? |  |  |
| 9 | If you answered yes to question #8, have either of you been tested for b-thalassemia? |  |  |
| 10 | Are you or the baby’s father of Philippine or Southeast Asian ancestry? |  |  |
| 11 | If you answered yes to question #10, have either of you been tested for alpha-thalassemia? |  |  |
| 12 | Does anyone have a Congenital heart defect? |  |  |
| 13 | Does anyone have Muscular Dystrophy? |  |  |
| 14 | Does anyone have Huntington Chorea? |  |  |
| 15 | Does anyone have Cystic Fibrosis? |  |  |
| 16 | Does anyone have Huntington Chorea? |  |  |
| 17 | Does anyone have Polycystic Kidney Disease? |  |  |
| 18 | Does anyone have Phenylketonuria? |  |  |
| 19 | Does anyone have Mental Retardation? |  |  |
| 20 | Does anyone have other inherited genetic or chromosomal disorders? |  |  |
| 21 | Have you or he baby’s father had a child with a birth defect not listed above?  Have you had two or more first trimester spontaneous abortions or stillbirths?  Have either you or the baby’s father had a chromosomal study?  If yes, please list who and the results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_  \_\_  \_\_ | \_\_  \_\_  \_\_ |
| 22 | What medications and/or street drugs have you taken, if any, since your last menstrual period? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Today’s Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | |
| 23 | Have you had any X-ray studies done just before you became pregnant or just after you missed your period? |  |  |
| 24 | Do you own or take care of a cat? |  |  |
| 25 | Do you eat raw meat or fish? |  |  |
| 26 | Is there a family history of sudden infant death syndrome (SIDS)? |  |  |
| 27 | Do you or your family have a history of clotting disorders or thrombophilia? |  |  |
| 28 | Do you or anyone in your family have a history of Marfan Syndrome? |  |  |
| 29 | Do you or anyone in your family have a history of recurrent miscarriages? |  |  |
| 30 | Have you been immunized against Hepatitis B? |  |  |
| 31 | Do you have thyroid disease? |  |  |
| 32 | Do you have a seizure disorder? |  |  |
| 33 | Do you have Lupus? |  |  |
| 34 | Do you have kidney disease? |  |  |
| 35 | Do you have asthma? |  |  |
| 36 | Do you smoke? |  |  |
| 37 | Do you drink alcohol on a regular basis, do you drink socially or do you binge drink? |  |  |
| 38 | Have you ever had a sexually transmitted disease (STD)? |  |  |
| Previous Pregnancy Information | | | |
| Please tell us about your previous pregnancies if relevant. Have you ever miscarried, had a C-section, had preterm labor, had a preterm delivery, and had high blood pressure, diabetes, bleeding in pregnancy or anything else we should be aware of ***during your previous pregnancies***? | | | |
|  | | | |