

ALASKA WOMEN'S HEALTH, PC
 4115 Lake Otis Parkway
 Anchorage, AK 99508
 (907) 563-7228 Phone

GENETIC QUESTIONNAIRE FOR SCREENING ALL PRENATAL PATIENTS

PATIENT NAME: _____ **ACCOUNT NO.:** _____

YES NO

- 1. Will you be 35 years old or older when the baby is due? Age when due: _____
- 2. Are you and the baby's father related to each other (e.g. cousins)?
- 3. Have you had (2) or more pregnancies that ended in miscarriage or a child who died around the time of delivery?
- 4. Does anyone in your family or the family of the father of the baby have a condition that has been diagnosed as a genetic or inherited, including:

	YES	NO		YES	NO
a. Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	f. Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
b. Neural tube defect (spina bifida, anencephaly)	<input type="checkbox"/>	<input type="checkbox"/>	g. Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
c. Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	h. Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>
d. Tay-Sachs	<input type="checkbox"/>	<input type="checkbox"/>	i. Huntington Chorea	<input type="checkbox"/>	<input type="checkbox"/>
e. Sickle Cell Disease or Sickle Cell Trait	<input type="checkbox"/>	<input type="checkbox"/>	j. Mental Retardation (e.g. Fragile X Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>
			k. Other inherited, genetic chromosomal disorder(s)	<input type="checkbox"/>	<input type="checkbox"/>

- 5. Have you or the baby's father had a child with any birth defect not listed above?
- 6. Are you or the baby's father from any of the ethnic backgrounds listed below?
 Jewish Black Asian Mediterranean (Greek or Italian)
- 7. Have you or the baby's father ever been screened for any of the disorders listed below?
 Tay-Sachs Sickle Cell Thalassemia
- 8. Have you taken any drugs during this pregnancy, such as seizure medications, alcohol, anti-cancer drugs, anti-coagulants (blood thinners), lithium, or Accutane?

If yes, please list the drugs: _____