

OB Questionnaire

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| 1. Will you be age 35 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: | | |
| · Down Syndrome or Mongolism | Yes | No |
| · Spina Bifida or Meningomyelocele (open spine) | Yes | No |
| · Hemophilia | Yes | No |
| · Muscular Dystrophy | Yes | No |
| · Thalassemia | Yes | No |
| · Cystic Fibrosis | Yes | No |
| · Huntington's Chorea | Yes | No |
| 3. Have you or the baby's father had a child born dead or alive with a birth defect not listed in question #2? | Yes | No |
| 4. Have you or the baby's father, have any close relatives who are mentally retarded or have mental illness?
If yes, please explain _____ | Yes | No |
| 5. Do you or the baby's father, or close relatives of either of your families, have any inherited genetic or chromosomal disease or disorder not listed? | Yes | No |
| 6. Have you, or the spouse of this baby's father in a previous marriage, had three or more spontaneous pregnancy losses? | Yes | No |
| 7. Do you or the baby's father, have any close relatives descended from Jewish people who lived in Eastern Europe (Ashkenazic Jews)? | Yes | No |
| 8. If you or the father of the baby, are African American, have either of you or any close relative, been screened for sickle cell trait, and found to be positive?
If yes, please explain _____ | Yes | No |
| 9. Do you have a cat? | Yes | No |
| 10. Have you or the father of the baby ever had herpes? | Yes | No |
| 11. Have you or the baby's father, ever been exposed to dangerous drugs, chemicals, radiation or infections? | Yes | No |

I have discussed with my doctor the above questions which were answered "yes" and understand that I am at an increased risk for _____ and it may be possible to diagnose an affected fetus by further testing.

Signature _____ Date _____