

# One to One FemaleCare, PA

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

## PRENATAL DIAGNOSIS QUESTIONNAIRE

1. Will you be thirty five or older when the baby is delivered?  Yes  No
2. Have you or the baby's father or anyone in either of your families ever had:
  - a. Downs Syndrome (mongolism)  Yes  No
  - b. Spina bifida or meningomyelocele (open spine)  Yes  No
  - c. Hemophilia  Yes  No
  - d. Muscular Dystrophy  Yes  No
  - e. Cystic Fibrosis  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 above?  Yes  No
4. Do you or the baby's father have any close relatives who are mentally retarded?  Yes  No  
If yes, list cause if known: \_\_\_\_\_  
\_\_\_\_\_
5. Do you or the baby's father or close relatives in either family have any inherited or chromosomal disorders not listed above?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
6. Have you, or the spouse of this baby's father from a previous marriage, had two or more miscarriages or stillbirth losses?  Yes  No
7. Do you or the baby's father have any close relatives descended from Eastern Europeans or Jewish people who lived in Europe (Ashkenazi Jews)?  Yes  No
8. Do you or the baby's father have any close relatives of Italian or Greek Heritage?  Yes  No  
If yes, have you or the baby's father been screened for Cooley's anemia  Yes  No
9. If you or the baby's father are black, have you or he or any close relatives been screened for sickle cell trait and found to be positive?  Yes  No
10. Have you taken any medication during this pregnancy or within the three months before you became pregnant?  Yes  No  
If yes, what did you take? \_\_\_\_\_  
\_\_\_\_\_  
When did you take it? \_\_\_\_\_