

PREGNANCY QUESTIONNAIRE

(PLEASE CIRCLE THE APPROPRIATE ANSWER)

1. Will you be 35 years or older when the baby is born? YES NO
2. Have you, the baby's father, or anyone on either side of your families ever had any of the following:
- a. Down Syndrome? YES NO
 - b. Spina Bifida or Meningomyelocele (open spine)? YES NO
 - c. Hemophilia (blood that won't clot)? YES NO
 - d. Muscular Distrophy? YES NO
3. Have you or the baby's father ever had a child born, alive or stillborn, with a birth defect not listed in question 2 above? YES NO
If yes, please explain _____
4. Do you or the baby's father have any close relatives who were born physically or mentally handicapped? YES NO
If yes, please list cause of handicap, if known: _____
5. Do you, the baby's father, or any close relatives on either side of your families, have any inherited genetic, chromosomal disease or disorder not listed above? YES NO
If yes, please explain _____
6. Have you, or the baby's father in a previous marriage or relationship, ever 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) YES NO
If yes, have either you or the baby's father been screened for Tay-Sachs disease? YES NO
If yes, results _____, and who was screened _____
8. If you or the baby's father are of African ancestry, have either of you (or any close relative) been screened for the Sickel Cell trait? YES NO
If yes, results _____, and who was screened _____
9. When was the first day of your last period? _____
10. Do you consent to allow Dr. Paul Daum to test for HIV/AIDS in your OB Profile? YES NO

Patient Signature: _____

Patient Date of Birth: _____ / _____ / _____

Today's Date: _____