

**Genetic Screening/
Teratology Counseling**

Includes patient/ baby's father/
or anyone in either family with:

	Yes	No	Comments
1. Patient's age \geq 35years at EDC			
2. Italian, Greek, Mediterranean or Asian background			
2a. Thalassemia			
3. Neural tube defect (menngomyelocele, spina bifida, or anencephaly)			
4. Congenital heart defect			
5. Down syndrome			
6. Jewish, Cajun, French Canadian descent?			
6a. Does any family member have Tay-sachs, Canavan's or other recessive illness?			
7. Is patient or FOB of African descent?			
7a. Any family member with sickle cell disease or sickle cell trait?			
8. Hemophilia			
9. Muscular dystrophy			
10. Cystic fibrosis			
11. Huntington chorea			
12. Mental Retardation/ Autism			
12a. If yes, was person tested for Fragile X?			
14. Other inherited genetic or chromosomal disorder			
15. Patient, baby's father, or any prior infants have any birth defects not listed above			
16. Patient or baby's father had any siblings who died soon after birth			
17. Recurrent pregnancy loss, or any stillbirth or a 2 nd trimester pregnancy loss			

18. Medications/ street drugs/alcohol, since last menstrual period			
19. Exposed to DES in utero			
20. Any other			

Infection History	Yes	No	Comments
1. Has patient had chicken pox			
a. If no, has patient had titer?			
b. If non-reactive was patient vaccinated?			
2. Live with someone with TB or exposed to TB			
a. From endemic area (e.g. Asian, Mexico)			
b. Ever had a positive PPD			
3. Patient or FOB has history of genital herpes			
a. History of GC, chlamydia, HPV or syphilis.			
4. Any risk factors for hepatitis B , C (IV drug use, occupational exposure)			
5. Ever have a blood transfusion			
a. If yes, give year_____			
6. Rash or Viral Illness since last menstrual period			
7. Any other serious infection			
7. Ever have abnormal pap smear			
8.			
9. Other			

Provider signature

Date