

**PREGNANCY SURVEY SHEET**

**PATIENT:** \_\_\_\_\_

1. Will you be 35 years or older when the baby is due? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Have you, the baby's father or anyone in either of your families had any of the following disorders?

- Down Syndrome (Mongolism) \_\_\_\_\_ YES \_\_\_\_\_ NO
- Cystic Fibrosis \_\_\_\_\_ YES \_\_\_\_\_ NO
- Other Chromosomal Abnormality \_\_\_\_\_ YES \_\_\_\_\_ NO
- Hemophilia \_\_\_\_\_ YES \_\_\_\_\_ NO
- Muscular Dystrophy \_\_\_\_\_ YES \_\_\_\_\_ NO
- Huntington Disease \_\_\_\_\_ YES \_\_\_\_\_ NO
- Neural Tube Defect(ie anencephaly spina bifida-meningomyelcele or open spine) \_\_\_\_\_ YES \_\_\_\_\_ NO
- Spinal Muscular Atrophy \_\_\_\_\_ YES \_\_\_\_\_ NO
- Fragile X \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, indicate the relationship of the affected person to you or to the baby's father:

\_\_\_\_\_

3. Do you or the baby's father have a birth defect? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, who has the defect and what is it? \_\_\_\_\_

4. In any previous marriages, have you or the baby's father had a child born dead or alive with a defect not listed in question #2 above? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, what was the defect and who had it? \_\_\_\_\_

5. Do you or the baby's father have any close relatives with mental retardation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, indicate the relationship of the affected person to you or to the baby's father: \_\_\_\_\_

6. Do you, the baby's father or a close relative in either of your families have a birth defect, any familial disorder or a chromosomal abnormality not listed above? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, indicate the condition and the relationship of the affected person to you or the baby's father: \_\_\_\_\_

\_\_\_\_\_

7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first trimester spontaneous pregnancy losses? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, have either of you had a chromosomal study? \_\_\_\_\_ YES \_\_\_\_\_ NO Results \_\_\_\_\_

8. Are you or the baby's father of Jewish ancestry or French Canadian descent? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, have either of you been screened for Tay-Sachs disease or Canavan disease? \_\_\_\_\_ YES \_\_\_\_\_ NO Results \_\_\_\_\_

9. Are you or the baby's father African American? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, have either of you been screened for sickle cell trait? \_\_\_\_\_ YES \_\_\_\_\_ NO Results \_\_\_\_\_

10. Are you or the baby's father of Italian, Greek or Mediterranean background? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, have either of you been tested for B-Thalassemia? \_\_\_\_\_ YES \_\_\_\_\_ NO Results \_\_\_\_\_

11. Are you or the baby's father of Philippine or Southeast Asian ancestry? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **yes**, have either of you been tested for A-Thalassemia? \_\_\_\_\_ YES \_\_\_\_\_ NO Results \_\_\_\_\_

NOVAS, DOHR & COLL OB/GYN ASSOCIATES, S.C.  
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12. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period (including nonprescription drugs)?  YES  NO  
If **yes**, give name(s) of medication and time taken before or during pregnancy:

13. I consume one or more drinks (including beer) \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month

14. Is there a family history of alcohol abuse?  YES  NO

15. Have you had or been exposed to anyone with hepatitis?  YES  NO

16. Do you have a metabolic disorder such as diabetes or phenylketonuria?  YES  NO

17. Have you been tested for cystic fibrosis carrier status?  YES  NO  
If **no**, would you and/or your partner like to be screened today?

18. Have you been tested for fragile X status? If no, would you and/or your partner like to be screened?  YES  NO

19. Have you been tested for SMA status? If no, would you and/or your partner like to be screened?  YES  NO

20. What is your ethnic background? \_\_\_\_\_

21 "I am interested in cord blood recovery"  YES  NO  
Cord Blood Storage  YES  NO  
Cord Blood Donation  YES  NO

The new "Quad" AFP screening blood test at 16 weeks can detect 70% of Down's syndrome cases and 95% of Spina Bifida. We offer it routinely to all of our patients.

I HAVE DISCUSSED WITH MY DOCTOR THE ABOVE QUESTIONS THAT ARE ANSWERED "YES" AND UNDERSTAND THAT I AM AT INCREASED RISK FOR \_\_\_\_\_.

I HAVE BEEN COUNSELED ON AMNIOCENTESIS, CHRONIC VILLUS SAMPLING, QUAD-AFP AND TARGETED ULTRASOUND.

Testing recommended by M.D. \_\_\_\_\_

\_\_\_\_\_ **I DO WANT TESTING**

\_\_\_\_\_ **I DO NOT WANT TESTING**

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**DATE**