NOVAS, DOHR, COLL & GADSON OB/GYN ASSOCIATES, S.C.
600 Hart Rd., Suite 310 Barrington, IL 60010
847-304-0044 www.novasassociates.com

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	_____ 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

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_____

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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.If 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? _____YES _____NO

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

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

22. Would you accept blood products in the case of life or death? _____YES _____NO

The new "Quad" AFP screening blood test at 16 weeks can detect 70% 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, CHORIONIC 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**

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OPTIONS FOR GENETIC TESTING

A variety of tests are available to detect abnormalities in your fetus.

FIRST TRIMESTER SCREENING:

Nuchal Translucency/Sequential Screening (11-13 weeks and 16 weeks): This is a non-invasive test that includes an ultrasound and maternal blood testing. This test can tell you if your fetus is at higher risk for aneuploidy (such as Down's syndrome), heart defects, and spinal cord abnormalities. Detection rate is 95 % with a false positive rate of 5 %.

Cell Free DNA Testing (Panorama, etc.) (10-24 weeks): A non-invasive test, new screening method which uses the measurement of free DNA in maternal plasma. Detection rate is >98 % and false positive rate is <0.5 %. This test does not test for heart defects or spinal cord defects. There is a 5-10% risk of collection error and needing to repeat exam.

Chorionic villus sampling: This is a diagnostic invasive test that tells you the chromosomal makeup of your baby. A perinatologist does the procedure and the placenta is sampled. This test carries >1% risk of miscarriage.

SECOND TRIMESTER SCREENING:

Quad Screen: This is a non-invasive blood test that tells you if your baby is at higher risk for Down's syndrome, Edward's Syndrome (Trisomy 18), or spinal cord abnormalities. Detection rate is 80 % with a false positive rate of 5 %.

AFP: A non-invasive blood test at 16 weeks and screens for spina bifida. Detection rate is 95 %.

Level II Ultrasound: This is a comprehensive ultrasound performed by a perinatologist at 20-22 weeks. This screening looks for any congenital anomalies.

Amniocentesis: This is diagnostic (100 % accurate) invasive test done in the office where the amniotic fluid is sampled. This test carries a 1/500 risk of miscarriage.

OTHER GENETIC TESTING:

Testing can be done any time during pregnancy or even before pregnancy. If mother is a carrier, father should be tested.

Cystic Fibrosis: This disease causes pulmonary and digestive disorders. Children are often very sick with many hospitalizations and a shortened life expectancy. There is a 1/22 carrier incidence.

Spinal Muscular Atrophy: This is a group of inherited muscle diseases that cause progressive muscle degeneration and weakness. Approximately 4/100,000 have the condition.

Fragile X syndrome: This condition causes a range of developmental problems including learning disabilities and brain development. Males are more severely affected by this disorder. Approximately 1/4,000 males and 1/8,000 females are affected.

Other genes can be tested. Ask provider at your first OB visit