

Terry Allen MD & Scott Forrest MD, PLLC
Pregnancy Genetics Questionnaire

1. Will you be 35 years or older at the time the baby is born? _____

2. Please indicate if you or the baby's father has the following ancestry and if so have you been screened for the following?

_____ European ancestry
Have you has Cystic Fibrosis screening? _____

_____ Eastern European (Ashkenazi) Jewish ancestry
Have you had Cystic Fibrosis screening? _____
Have you had Tay-Sachs Disease screening? _____
Have you had Canavan Disease screening? _____
Have you had Familial Dysautonomia screening? _____

_____ African ancestry
Have you had Sickle Cell Anemia screening? _____

_____ Mediterranean or Southeast Asian Ancestry
Have you had Thalassemia screening? _____

3. Have you or the baby's father had a child with a birth defect? _____ (if yes, describe)

4. Were you or the baby's father born with a birth defect? _____ (if yes, describe)

5. Are there any birth defects, genetic diseases (such as Cystic Fibrosis, Hemophilia, Muscular Dystrophy) or chromosomal abnormalities (such as Downs Syndrome, Fragile X Syndrome) that have occurred in children of your family or in children of the baby's father's family? _____ (if yes, describe)

Patient Name: _____

Signature: _____ Date: _____

