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A Medical Corporation
OBSTETRICS, GYNECOLOGY AND INFERTILITY

PRENATAL DIAGNOSIS SCREENING QUESTIONNAIRE

- 1. Will you be age 35 or older when the baby is due? Yes No
- 2. Have you, the baby's father or anyone in either of your families ever had:
 - a. Down Syndrome or Mongolism: Yes No
 - b. Neural Tube Defect (Spina Bifida, Meningomyelocele, Open Spine, Anencehaly)? Yes No
 - c. Hemophilia (Bleeding Disorder)? Yes No
 - d. Muscular Dystrophy? Yes No
 - e. Huntington Chorea? Yes No
 - f. Insulin-Dependent Diabetes Mellitus? Yes No
 - g. PKU? Yes No
 - h. Congenital Heart Defect? Yes No
- 3. Have you or the baby's father had a child born dead or alive with a birth defect not listed in #2 above? Yes No
If yes, describe: _____
- 4. Do you or the baby's father have any close relatives who are mentally retarded? Yes No
If yes, describe: _____
- 5. Do you, the baby's father or any close relatives in either of your families have an inherited genetic or chromosomal disease or disorder not listed above? Yes No
If yes, describe: _____
- 6. Have you had three or more spontaneous pregnancy losses or a stillbirth? Yes No
- 7. Do you or the baby's father have any close relatives descended from Jewish people who live in Eastern Europe (Ashkenazi Jews) or descended from Cajuns or French Canadians? Yes No
If yes, have you or the baby's father ever been screened for Tay Sachs Disease? Yes No
- 8. Are you or the baby's father Caucasian? Yes No
If yes, have you or the baby's father ever been screened for Cystic Fibrosis? Yes No
- 9. Are you or the baby's father African American? Yes No
If yes, have you or the baby's father ever been screened for Sickle Cell Trait and found to be positive? Yes No
- 10. Are you or the baby's father of Southeast Asian, Greek, Italian or Mediterranean descent? Yes No
If yes, have you or the baby's father ever been screened for Thalassemia? Yes No
- 11. Have you taken any medication or other drugs since your last menstrual period? Yes No

I have discussed with my doctor the above questions, which are answered "YES" and understand that I am at an increased risk for a genetic syndrome.

Date: _____

Patient's Name: _____

Patient's Signature: _____