

Genetic History (Check all that apply)

Personal History

Family History (IMMEDIATE FAMILY/FATHER OF THE BABY & HIS FAMILY))

Over age 35		
Thalassemia (Italian, Greek, Mediterranean, Asian)		
Neural tube defect (Meningomyelocele, spina bifida, anencephaly)		
Congenital heart defect		
Downs Syndrome		
Tay-sachs (Jewish, Cajun, French Canadian)		
Canavan Disease		
Sickle Cell disease or trait		
Hemophilia or other blood disorders		
Muscular Dystrophy		
Cystic Fibrosis (disease or carrier)		
Huntington's Chorea		
Mental Retardation/Autism. If yes: tested for Fragile X YES NO		
Other inherited genetic or chromosomal disorder		
Maternal metabolic disorder (Type 1 diabetes, PKU)		
Patient or father of baby with a child born with birth defects not listed		
Recurrent pregnancy loss or stillbirth		

Infection History

Social History

YES NO

Live with someone with TB or exposed to TB			Medications (including supplements, vitamins, herbs, or OTC drugs/illicit/recreational drugs/alcohol since last menstrual period. If yes, list:			
Patient or partner has history of genital herpes						
Rash or viral illness since last menstrual periods			TOBACCO			
History of STD: Gonorrhea, Chlamydia, HPV, Syphilis			ALCOHOL			
Other:			ILICIT/RECREATIONAL DRUGS			

Comments: _____

Interviewed by: _____