CATAWBA WOMEN'S CENTER
Caring For A Lifetime

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PRENATAL GENETIC AND INFECTIOUS DISEASE SCREENING

Please respond to the best of your knowledge whether you, the father of the baby, or any of your previous children have any of the following conditions.

1	Mother's Age Will Be 35 Years Or Older At Estimated Date of Delivery	_____ Yes	_____ No
2	Thalassemia (Italian, Greek, Mediterranean, Or Asian Background): MCV < 80	_____ Yes	_____ No
3	Neural Tube Defect (Meningomyelocele, Spina Bifida, Or Anencephaly)	_____ Yes	_____ No
4	Congenital Heart Defect	_____ Yes	_____ No
5	Down Syndrome	_____ Yes	_____ No
6	Tay-Sachs (eg, Jewish, Cajun, French-Canadian)	_____ Yes	_____ No
7	Canavan Disease	_____ Yes	_____ No
8	Sickle Cell Disease Or Trait (African)	_____ Yes	_____ No
9	Hemophilia Or Other Blood Disorders	_____ Yes	_____ No
10	Muscular Dystrophy	_____ Yes	_____ No
11	Cystic Fibrosis	_____ Yes	_____ No
12	Huntington's Chorea	_____ Yes	_____ No
13	Mental Retardation/Autism	_____ Yes	_____ No
	If Yes, Was Person Tested For Fragile X?	_____ Yes	_____ No
14	Other Inherited Genetic Or Chromosomal Disorder - Including Spinal Muscular Atrophy	_____ Yes	_____ No
15	Maternal Metabolic Disorder (eg, Type 1 Diabetes, PKU)	_____ Yes	_____ No
16	Patient Or Baby's Father Had A Child With Birth Defects Not Listed Above	_____ Yes	_____ No
17	Recurrent Pregnancy Loss, Or A Stillbirth	_____ Yes	_____ No
18	Medications (including Supplements, Vitamins, Herbs, OTC Drugs)	_____ Yes	_____ No
	If Yes, Agent(s) And Strength/Dosage _____		
19	Any Other Genetic History	_____ Yes	_____ No
	If Yes, Please explain _____		
20	Live With Someone With TB Or Exposed To TB	_____ Yes	_____ No
21	Patient Or Partner Has History Of Genital Herpes	_____ Yes	_____ No
22	Rash Or Viral Illness Since Last Menstrual Period	_____ Yes	_____ No
23	History Of STD, Gonorrhea, Chlamydia, HPV, Syphilis	_____ Yes	_____ No
24	Other Infection History	_____ Yes	_____ No
	If Yes, Please explain _____		

Additional explanation of any 'yes' answer if needed: _____

_____

I certify that this information is correct to the best of my knowledge.

Patient's Signature: _____ Date _____