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Prenatal Genetic Screen

Name _____

Date _____

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 ever had any of the following disorders?

- Down syndrome (mongolism) Yes ___ No ___
- Other chromosomal abnormality Yes ___ No ___
- Neural tube defects, ie, spinal bifida, anencephaly Yes ___ No ___
- Hemophilia Yes ___ No ___
- Muscular dystrophy Yes ___ No ___
- Cystic fibrosis 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 birth 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: _____

Indicate the cause if known: _____

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 to 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 ___

Have either of you had a chromosomal study? Yes ___ No ___

If yes, indicate who and the results: _____

8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease? Yes ___ No ___

If yes, indicate who and the results: _____

9. If you or the baby's father are black, have either of you been screened for sickle trait? Yes ___ No ___

If yes, indicate who and the results: _____

10. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been tested for B-thalassemia? Yes ___ No ___

If yes, indicate who and the results: _____

11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for A-thalassemia? Yes ___ No ___

If yes, indicate who and the results: _____

12. Excluding iron and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period?
(Include nonprescription drugs.) Yes ___ No ___

If yes, give name of medication and time taken during pregnancy: _____