

**OB SUPPLEMENTAL HISTORY**

Genetic screen

Yes    No

Will you be  $\geq 35$  years of age at your estimated date of delivery?    \_\_\_\_\_

Is the father of the baby  $\geq 50$  years of age?    \_\_\_\_\_

Does anyone in your family or in the family of the baby's father have a history of:

Italian, Greek, Mediterranean, Asian, African, or Ashkenazi Jewish ancestry    \_\_\_\_\_

Neural tube defects (Spina bifida)    \_\_\_\_\_

Congenital heart defects    \_\_\_\_\_

Down Syndrome    \_\_\_\_\_

Tay-Sachs    \_\_\_\_\_

Canavan disease    \_\_\_\_\_

Sickle cell disease or trait    \_\_\_\_\_

Hemophilia or other blood disorder    \_\_\_\_\_

Muscular dystrophy    \_\_\_\_\_

Cystic fibrosis    \_\_\_\_\_

Mental retardation    \_\_\_\_\_

If yes, was person tested for Fragile X    \_\_\_\_\_

Recurrent pregnancy loss    \_\_\_\_\_

Other inherited genetic or chromosomal disorder \_\_\_\_\_

Other birth defects not listed \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_