

ROCHESTER GYNECOLOGIC AND OBSTETRIC ASSOCIATES, P.C.

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OB GENETIC HISTORY

	YES
1. Will you be 35 years or older when the baby is due	?
2. Have you, the baby's father, or anyone in either o	
families ever had any of the following disorders?	
* Down Syndrome (mongolism) or another syndrome	
* Other chromosomal abnormality	
* Neural tube defect i.e., spina bifida (mening	omyelocele
or open spine), anencephaly	-
* Hemophilia (or a bleeding disorder)	
* Muscular dystrophy	
* Cystic fibrosis	
* Congenital heart defect ("hole in the heart")	
* Congenital blindness	
* Congenital deafness	
If yes, indicate the relationship of the affected per	
you or the baby's	3011 00
father:	
3. Do you or the baby's father have a birth defect (i	naludina
cleft lip and/or cleft palate) etc?	neruariig
4. In any previous marriage have you or the baby's fa	
child, born dead or alive, with a birth defect not	listed in
question #2 above?	
5. Do you or the baby's father have any close relativ	
mental retardation, autism, or learning disabiliti	
6. a) Are you or the baby's father of Jewish or Frence	h
Canadian ancestry?	
b) Are either of you a carrier of Tay Sachs diseas	e?
7. a) Are you or the baby's father Black/African Amer	ican,
or Hispanic?	
b) Are either of you a carrier for sickle cell tra	it or another
hemoglobinopathy (such as Hemoglobin C or thala	ssemia)
8. a) Are you or the baby's father of Italian, Greek	or
Mediterranean background?	
b) Are either of you a carrier of B-thalassemia	
(Mediterranean anemia) or other hemoglobinopath	v۶
a) Are you or the baby's father of Philippine or S	
East Asian (including Chinese, Taiwanese, etc.)	
b) Are either of you a carrier for alpha-thalassem	
	ia or another
hemoglobinopathy?	w modications
10.a) Except for iron and vitamins, have you taken an	
or recreational drugs or alcohol since being pr	_
since your last menstrual period? (Include non-	prescription
drugs)	<u> </u>
b) Do you have contact with lead, toxic chemicals,	or radiation
at home or at your work-place?	
11. Is there any chance that you and your partner ar	e blood relatives
(second cousin or closer)?	
Patient Name (Printed)	
Signature DOB	DATE
11/14nh	