

Patient Label:



University of Florida / Perinatal Diagnostic Services
Genetic Screening Questionnaire

Patient's Name Date of Birth Age
Husband's Name/Father of Baby Date of Birth Age
Referring Doctor/Clinic Your Home ph# Work#
When is your next Dr.'s Appt?

The 1st Day of your Last Menstrual Cycle was Your baby's Due Date

Are you sure of the first day of your last menstrual period? Yes No

Were your menstrual cycles regular Yes No

Please tell us the Total # of times you have been pregnant Total # of deliveries greater than 37 wks:

Total # of deliveries less than 37 wks: Total # of AB/Missed: Total # of living children:

Hospital where you will be delivering your baby Prior C-Section? Yes No #

Date of triple/quad screen (AFP) test: Results: Normal Abnormal Not sure

(tests for Down Syndrome, Trisomy 18 and open neural tube defects/spina bifida)

Will today be your 1st ultrasound/sonogram with this pregnancy: , if not, Date of 1st scan

Where first scan performed: Baby's age at 1st scan: wks days

Blood type: Your Height Weight at your last Dr.s visit? lbs.

Have you, the baby's father, or anyone in your families ever had the following conditions:-----

- Down Syndrome Yes No Seizure Disorders Yes No
Other Chromosome problem Yes No Huntington Disease Yes No
Mental disability or autism Yes No heart defect at birth (not murmur) Yes No
Spina bifida (open spine) Yes No cleft lip/cleft palate Yes No
Anencephaly (no skull) Yes No baby who died at birth/within 1st year Yes No
Bleeding disorder, hemophilia Yes No stillborn or 2 or more pregnancy losses Yes No
Muscular dystrophy/disease Yes No any birth defect not listed above Yes No
Cystic fibrosis (lung disease) Yes No any other inherited (genetic) disorder Yes No
Skeletal disorder, like dwarfism Yes No other serious medical condition/surgery Yes No

-----During this pregnancy have YOU had any of the following? Please list:-----

Medications

Spotting/bleeding/complications
diabetes, PKU or lupus

Drug use/alcohol
Exposure to x-rays

Tobacco Smoker

Contact with cats litter box

Patient's Signature Today's Date: Revised: 1/2012