



REITER, HILL & JOHNSON
OF ADVANTIA

Genetic Screening Questionnaire

Patient Name: _____ Race/Ethnicity: _____

Partner Name: _____ Race/Ethnicity: _____

Partner Age: _____ Relationship: _____

1. Will you be 35 years of age 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:
Down Syndrome, other chromosomal abnormalities, neural tube defects (spina
bifida, anencephaly), hemophilia, muscular dystrophy, cystic fibrosis, mental
retardation or other familial disorders. Yes ___ No ___

If yes, please describe: _____

3. Do either you or the baby's father have a birth defect, including heart defects? Yes ___ No ___

If yes, please describe: _____

4. Have you or the baby's father had a child born dead or alive with a birth defect not listed above? Yes ___ No ___
If yes, please describe: _____

5. Do you or the baby's father have a history of a stillborn child or three or more miscarriages?
If yes, please describe: _____ Yes ___ No ___

6. Are you or the baby's father of Jewish ancestry? Yes ___ No ___
If yes, describe if either of you have been screened for Tay Sachs, Gaucher or Canavan:

7. Are you or the baby's father African American? Yes ___ No ___
If yes, have either of you have been screened for sickle cell: _____

8. Are you or the baby's father of Mediterranean ancestry or Southeast Asian ancestry? Yes ___ No ___
If yes, describe if either of you have been screened for anemia/thalassemia:

9. Do you or any member of your family have a history of premature ovarian failure,
Fragile X, autism or unexplained mental retardation? Yes ___ No ___

10. I have received information on Cystic Fibrosis screening: Yes ___ No ___

Patient Signature

Date