



Prenatal Intake

1. Will You be 35 Years or Older At Estimated Date of Delivery? Yes No
2. Have you, the baby's father, or anyone in either of your families ever had any of the following?:
 - a. Thalassemia (Italian, Greek, Mediterranean, Or Asian Background): Yes No
 - b. Neural Tube Defect (Meningomyelocele, Spina Bifida, Or Anencephaly) Yes No
 - c. Congenital Heart Defect Yes No
 - d. Down Syndrome Yes No
 - e. Tay-Sachs (eg, Jewish, Cajun, French-Canadian) Yes No
 - f. Canavan Disease Yes No
 - g. Sickle Cell Disease Or Trait (African) Yes No
 - h. Hemophilia Or Other Blood Disorders Yes No
 - i. Muscular Dystrophy Yes No
 - j. Cystic Fibrosis Yes No
 - k. Huntington's Chorea Yes No
 - l. Mental Retardation/Autism Yes No
 - If Yes, Was Person Tested For Fragile X? Yes No
 - m. Other Inherited Genetic Or Chromosomal Disorder Yes No
 - n. Maternal Metabolic Disorder (e.g., Type I Diabetes, PKU) Yes No
3. Have you or the Baby's Father Had A Child With Birth Defects Not Listed Above?

No Yes, if so, please explain: _____
4. Any Other Genetic History? No Yes, if so, please explain: _____
5. Are You or the Baby's Father of Jewish Ancestry? Yes No
6. Have You had Recurrent Pregnancy Loss, Or A Stillbirth ? Yes No
7. Do You Have a History of Gestational Diabetes? Yes No
8. Have You given birth to a Baby Weighing Greater than 9 Pounds? Yes No
9. Do You Live With Someone with TB Or Exposed to TB? Yes No
10. Do You or your Partner Have a History Of Genital Herpes? Yes No
11. Have You had a Rash Or Viral Illness Since Last Menstrual Period? Yes No
12. Any History Of STD, Gonorrhea, Chlamydia, HPV, Syphilis? Yes No
13. Any Other Infection History: _____
14. History of Hepatitis B, C or HIV? Yes No
15. Have You used Illicit/Recreational Drugs, or Alcohol since being pregnant? Yes No
16. Do you have any cats living in your home? Yes No

* *In rare emergency situations, blood may need to be administered in the course of obstetrical or surgical treatment. Please be aware that in the event of an emergency, our doctors WILL give a blood transfusion if deemed necessary in order to save your life and life of your baby regardless of religious preferences.

** Please sign here acknowledging this statement: _____

Please List All Medications (including Supplements, Vitamins, Herbs, OTC Drugs) including dosages:	