

**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: \_\_\_\_\_