

### Prenatal/Genetic Intake Form

Please answer all questions as completely as possible to aid us in our evaluation. If you are unsure about any of the answers, please speak with family members prior to your appointment. You will also have an opportunity to discuss any questions with the genetic counselor at the time of your appointment. All information will be kept confidential.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Education (years of school): \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Father of Baby's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Education (years of school): \_\_\_\_\_ Occupation: \_\_\_\_\_

Please check if **you, the father of the baby, or anyone in either of your families** ever had the following conditions: (If yes to any of the questions, please explain in detail on back of sheet).

CONDITION	Patient		Father of the baby	
	YES	NO	YES	NO
chromosomal abnormalities, e.g. Down syndrome				
intellectual, or learning disabilities, autism				
spina bifida (open spine)				
anencephaly (opening in head/brain)				
cleft lip/cleft palate				
skeletal disorder				
muscular dystrophy, or neuromuscular disease				
bleeding disorder, e.g. hemophilia				
sickle cell disease or other inherited anemia				
neurofibromatosis				
cystic fibrosis				
polycystic kidney disease				
Huntington's disease				
heart defect at birth				
deafness or blindness				
baby who died after birth or within first year				
stillborn baby or 2 or more pregnancy losses				
any birth defect not listed above				
any other serious medical condition or surgery				
any other inherited genetic condition				

During this pregnancy, have **you** had: (If YES to any of the questions, please explain in detail on back of sheet).

	YES	NO
medications (excluding prenatal vitamins and iron)		
recreational drugs ( if yes, please specify amount/how often on back of sheet)		
alcoholic drinks (if yes, please specify amount/how often on back of sheet)		
exposure to tobacco products (if yes, please specify amount/how often on back of sheet)		
exposure to cat litter/gardening/undercooked meat		
exposure to X-rays		
rashes, infectious diseases, or fevers		
spotting, bleeding, or any other complications		
diabetes, PKU, or Lupus		
to go to the hospital for any other medical problems		

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