

Patient Name: _____ Date Of Birth: _____

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Why is the doctor referring you to Genetics? _____

These are questions for the patient's mother

How many TOTAL times have you been pregnant? 1 2 3 4 5 6 _____
 How many live born children? _____ How many miscarriages? _____
 How many abortions? _____ How many stillbirths? _____
 Which pregnancy resulted in the birth of the patient? 1 2 3 4 5 6 _____
 Was this a planned pregnancy? Yes No Is the patient a twin or triplet? Yes No
 Was this a natural conception? Yes No

If No

Reason for Infertility: _____

Infertility treatment used: _____

Egg source: Mother Other: _____

Sperm source: Father Other: _____

What was the baby's due date? ____/____/____
 How early did you know you were pregnant? _____ weeks
 When did you start to see a doctor? _____ weeks
 When did you start taking prenatal vitamins? Before conception or _____ weeks
 What other medicines or herbal supplements did you take during the pregnancy?

Medication Name	Reason for Medicine	Started When?	Stopped When?

Which of these did you have:

_____ 1st trimester screen (Nuchal thickness test) _____ Chorionic Villus Sampling
 _____ Maternal serum screen ("Triple test") _____ Amniocentesis
 _____ Routine ultrasound at your doctor _____ PUBS
 _____ Special ultrasound at a perinatologist _____ Fetal MRI
 _____ 3D ultrasound _____ Fetal echocardiogram

How much did the fetus move? Not much About right A lot
 How much fluid was around the fetus? Less than usual Normal More than usual
 Did you have gestational diabetes? Yes No
 If yes, how was it treated? Diet Pills Insulin
 What other illness did you have during your pregnancy?

Illness	Started When?	Were you hospitalized?

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Do you have any other long term health problems? Yes No

If Yes, please explain: _____

The next questions are about your social habits.

Do you smoke tobacco? Yes No

How many per day? _____

Do you chew tobacco? Yes No

A can lasts how long? _____

Do you smoke marijuana? Yes No

How often? _____

Do you drink alcohol? Yes No

How often? _____ How much at one time? _____

Do you use illicit drugs? Yes No

Which drug(s)? Cocaine/Crack Heroin Meth Ecstasy Other

How often? _____

Most women stop doing the above things once they know they are pregnant. How far along in your pregnancy were you when you stopped:

Smoking _____ Drinking Alcohol _____

Using other substances _____

The next questions are about the patient's birth and ongoing health.

How many weeks were you when the baby delivered? _____ weeks

How was the baby delivered? Vaginal Cesarean Section

If Cesarean section, please explain why _____

Where was the baby born?

Did the baby go home with you from the hospital? Yes No

If No

How long was the baby in the hospital after birth _____

Why did the baby stay in the hospital? _____

How much did the baby weigh at birth? _____

How long was the baby? _____

What was the baby's head size? _____

What were the baby's Apgar Scores? _____/_____/_____

What medications does the patient take? _____

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Does the patient have pierced ears? Yes No

If the patient is male, is he circumcised? Yes No

If the patient is female, have her periods started? Yes No

If yes, how old was she when her period started? _____

Has the patient had any other surgeries? Yes No

If Yes, please fill in the table

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Surgery done	Age of patient at surgery

What concerns you most about the patient's health? _____

That ends the entry questions. We will spend more time when you are in clinic talking about the patient's history. Please gather any other information you think may be important.

You will be asked detailed questions about the family. The attached sheet is to help you gather information. You will be asked details about your family history in the clinic visit. If you spend time filling in this form, it will save time for other things during the clinic visit.

It is also helpful to see pictures of the patient at younger ages and of other family members. It is especially good to bring pictures of anyone who you think looks like the patient.