metro OBGYN

GENETIC AND FAMILY HISTORY

Patient Name _____ DOB _____ Date _____

Attitude towards Pregnancy: ☐ Planned ☐ Unplanned ☐ Plan to parent/keep ☐ Adoption

Drug use: (Past/Current):

Tobacco	☐Y	☐No	Prepregnancy amt. _____	Pregnancy amt. _____	Yrs. total use _____
Alcohol	☐Y	☐No	Prepregnancy amt. _____	Pregnancy amt. _____	Yrs. total use _____
Caffeine	☐Y	☐No	Prepregnancy amt. _____	Pregnancy amt. _____	Yrs. total use _____
Street Drugs	☐Y	☐No	Prepregnancy amt. _____	Pregnancy amt. _____	Yrs. total use _____

Herbal Supplements Current/Past _____

Have you or any members of your family been born with or affected by any known genetic problem, retardation, birth defects, or major medical problems?

	Patient	*Father of Baby*	*Family*
1. Patient's age • 35 yrs or over	☐		
Father of baby • 50 years or over		☐	
2. Italian, Greek Mediterranean or Asian background (thalassemia): …….....	☐	☐	
3. Ashkenazi, Jewish, Cajun, Fr. Canadian background (Tay Sachs)? …….....	☐	☐	
4. African or Latin American background (sickle cell)?	☐	☐	
5. Down syndrome or other chromosomal problem?	☐	☐	☐
6. Hemophilia or other bleeding disorder?	☐	☐	☐
7. Muscular dystrophy or anyone in family in a wheelchair?	☐	☐	☐
8. Cystic fibrosis or any other metabolic disorder?	☐	☐	☐
9. Huntington's Chorea?	☐	☐	☐
10. Mental retardation or autism?	☐	☐	☐
11. Maternal medical problems? (diabetes, lupus, epilepsy, PKU, etc.) …….	☐		
12. Other inherited genetic or chromosomal disorder?	☐	☐	☐
13. Child with birth defects not listed above? ……	☐	☐	☐
14. Patient or Father of Baby with birth defect? …….....	☐	☐	
15. More than 3 first trimester spontaneous abortions or a stillbirth?	☐		☐

Infection History	Yes	No
Do you live with someone that has or ever been exposed to TB?	☐	☐
Have you ever had chicken pox?	☐	☐
Have you received chicken pox (Varicella) Vaccine?	☐	☐
Have you had a rash or any viral illness since LMP?	☐	☐
Have you ever been diagnosed with an STD?	☐	☐
Do you have cats in your home?	☐	☐
Do you have close contact with young children on a regular basis?	☐	☐