

Kathy E Wolf MD P.C

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| Your Name: | | |
| Genetic | Y/N | Comments |
| Will you be over the age of 35 at time of delivery? | | |
| Do you have a family history or personal history..... | | |
| of Spina Bifida or Neural tube defect? | | |
| of Down's Syndrome? | | |
| of cystic fibrosis? | | |
| of heart defect? | | |
| of hemophilia, blood clotting or blood diseases? | | |
| of Fragile X? | | |
| of mental retardation? | | |
| of Muscular Dystrophy? | | |
| of Sickle Cell Disease or Trait? | | |
| Other Inherited Genetic or Chromosomal Disorder? | | |
| Do you have a personal history..... | | |
| of Birth defects? | | |
| of seizure disorders? | | |
| of recurrent pregnancy loss or stillbirth? | | |
| of preterm delivery, < 37 weeks? | | |
| Are you of Jewish, Cajun or French Canadian Ancestry? | | |
| Are you related to the father of your baby? | | |
| Was this pregnancy conceived through IVF? | | |
| Was this pregnancy conceived through Donor Egg? | | |
| | | |
| Environmental | | |
| Are you a teacher, day care worker, nurse in contact with children? | | |
| Do you have a cat? | | |
| Have you had the chicken pox or received the vaccination? | | |
| Have you had a positive PPD or been vaccinated for TB (BCG)? | | |
| Current Pregnancy | | |
| During this pregnancy have you had: | | |
| Fever >101 | | |
| Vaginal bleeding or spotting? | | |
| Alcoholic beverages? | | |
| Cigarettes? | | |
| Street drugs? | | |
| Medications? | | |