

FLINT

GENETIC HISTORY FOR OBSTETRICS PATIENTS

Name:									Today's Date:		
Birthd	late:			Firs	t Da	y of	Las	st Me	enstrual Period:		
				PREVIOUS PREGNANCY					IF YES, PLEASE EXPLAIN		
Yes	Ν	o		Have You							
()	(,)	1. Had a stillbirth or more than one miscarriage?							
()	())	2. Had less than 1 year since the last birth of child?	Rah	w's	Bal	hv's			
				Have You or the Baby's Father	Mot						
()	(,)	3. Had any previous children with birth defects, handicaps, or genetic disease?	()	()			
)	())	4. Had any children who died (other than in accidents)?	()	()			
)	(,)	5. Had any premature births?	()	()			
				CURRENT PREGNANCY					IF YES, PLEASE EXPLAIN		
YES	Ν	О		Have you							
()	(,)	1. Taken any medicine or drug (prescription or non- prescription including herbs, dietary supplements) since becoming pregnant, or since your last period (not including vitamins)?							
)	())	2. Had any illness or infection during pregnancy?							
)	(,)	3. Had fever over 101°, or taken saunas or hot whirlpoo baths during pregnancy?	I						
()	())	4. Had x-rays or surgery since becoming pregnant?							
()	())	5. Been exposed to anesthetic gases, lead, or radiation in your occupation?							
)	(,)	6. Drunk more than one glass of alcohol per week?							
)	())	7. Become pregnant while using birth control pills?							
)	(,)	8. Been smoking during the pregnancy?							
)	(,)	9. Had any unusual fatigue?							
)	(,)	10. Had any bladder or kidney infections?							
				MEDICAL HISTORY	ь.				IF YES, PLEASE EXPLAIN		
res .	N	lo		Do You or the Baby's Father	Bab Mo	/		aby's ather			
)	(,)	1. Have diabetes?	()	()			
)	(,)	2. Have seizures or epilepsy?	()	()			
.)	(,)	3. Have kidney disease?	()	()	-		
()	(,)	4. Have any medical condition not mentioned?	()	()			
() OVE	(R	,)	5. Have any birth defects?	()	()			

GENETIC HISTORY

IF YES, PLEASE EXPLAIN

Ye	es	Ne	o			Bak Mot	by's ther		by's her
()	()	1.	. Will you be 35 or older at delivery?				
()	()	2.	. Will the baby's father be over 55?				
()	()	3.	Are you, or the father, of Jewish, African American, Asian, French, Canadian, Mediterranean, or Cajun descent?	()	()
()	()	4.	Are you and the father blood relatives (e.g. cousins)?	()	()
()	()		Does anyone in either of your families have diabetes? Do you or the baby's father have a brother, sister, or parent with a handicap, birth defect or genetic disease?	()	()
()	()	7.	Do you or the baby's father have aunts, uncles, cousir nieces, nephews, grandparents, or grandchildren with birth defects or genetic disease?)	()
()	()	8.	In either of your families is there any known member with mental retardation (even mild) or with learning disabilities?	()	()
()	()	9.	Do you or the baby's father have any birth defects, handicapping condition, or disorder that might be hereditary? (see examples)	()	()
()	()	10.	Is there a history in you or your family of phenylketonuria (PKU isease)?	()	()
()	()	11.	Is there a family history of blood clots, pulmonary embolism or stroke?	()	()

Some examples of Birth Defects and Genetic Diseases That Might Be in Your Family

anencephaly (open skull) blindness or eye problem bone disorder cerebral palsy chromosome abnormality cleft lip/palate cystic fibrosis deafness Down syndrome (mongolism) epilepsy genital abnormality heart defect hemophilia (bleeding tendency) hydrocephalus (water on brain) infertility kidney disease limb defects malformations mental illness mental retardation muscular dystrophy neurofibromatosis neurological or degenerative disorder short stature (under 5 ft.) skin disease sickle cell anemia spina bifida (open spine) tay sachs Thalassemia urinary tract abnormality other (please explain)