BELLINGHAM

OB/GYN

Name: _____ **Date:** _____

Genetic Screening and Infection History

☐ **No to all**

Patient's age 35yrs or greater at estimated delivery date	**YES or NO**	Notes:
Thalassemia (Italian, Greek, Mediterranean or Asian background): MCV < 80	**YES or NO**	Notes:
Neural Tube Defect (Meningomyelocele, Spina Bifida or Anencephaly)	**YES or NO**	Notes:
Congenital Heart Defect	**YES or NO**	Notes:
Down Syndrome	**YES or NO**	Notes:
Tay-Sachs (eg, Jewish, Cajun, French-Canadian)	**YES or NO**	Notes:
Canavan Disease	**YES or NO**	Notes:
Sickle Cell Disease or Trait (African)	**YES or NO**	Notes:
Hemophilia or other blood disorders	**YES or NO**	Notes:
Muscular Dystrophy	**YES or NO**	Notes:
Cystic Fibrosis	**YES or NO**	Notes:
Mental Retardation/Autism	**YES or NO**	Notes:
If Yes, was person tested for Fragile X?	**YES or NO**	Notes:
Other inherited generic or chromosomal disorder	**YES or NO**	Notes:
Maternal Metabolic Disorder (eg, Type 1 Diabetes, PKU)	**YES or NO**	Notes:
Patient or baby's father had a child with birth defect not list above	**YES or NO**	Notes:
Recurrent Pregnancy Loss or a Stillbirth	**YES or NO**	Notes:
Medications (including supplements, vitamins, herbs, OTC drugs) Illicit/recreational drugs or alcohol	**YES or NO**	Notes:
If yes, Agent(s) and strength/dose	**YES or NO**	Notes:
Any other genetic history	**YES or NO**	Notes:
Live with someone with TB or exposed to TB	**YES or NO**	Notes:
Patient or partner has history of genital herpes	**YES or NO**	Notes:
Rash or viral illness since last menstrual period	**YES or NO**	Notes:
History of STD, Gonorrhea, Chlamydia, HPV or Syphilis	**YES or NO**	Notes:
Other infection History	**YES or NO**	Notes:
Cleft Lip/Palate	**YES or NO**	Notes:

OB EPISODE INFORMATION

Pre-pregnancy weight:	
Baby's Fathers name:	
Husband/Domestic Partner name:	
Pediatrician:	

MENSTRUAL HISTORY

Last Menstrual period	Date: Definite: Y or N
Menses monthly	YES or NO
Frequency	Number of days:
Menarche (age at first period)	YES or NO Age of onset:
On BCP at conception	YES or NO