

## Kathy E Wolf MD P.C

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Your Name:		DOB:
<b>Genetic</b>	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?		
<b>Environmental</b>		
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)?		
<b>Current Pregnancy</b>		
<b>During this pregnancy have you had:</b>		
Fever >101		
Vaginal bleeding or spotting?		
Alcoholic beverages?		
Cigarettes?		
Street drugs?		
Medications?		