

GENETIC SCREENING:

Please mark the ethnic backgrounds of both the Mother and Father of the baby.

Ethnic Origin	Mother	Father	Ethnic Origin	Mother	Father
Ashkenazi Jewish			Asian		
Sephardic Jewish			Italian		
French Canadian			Greek		
Caucasian			Middle Eastern		
African American, African or Black			Hispanic		
Other					

GENETIC RISK ASSESSMENT

Please mark if there is any family history of the following conditions (Mark 'M' for mother/mother's side, 'F' for father/father's side).

Condition	M/F	Condition	M/F
Neural Tube Defect (Meningomyelocele, Spina Bifida or Anencephaly)		Cystic Fibrosis	
Congenital Heart Defect		Mental Retardation/Autism	
Down Syndrome		Maternal Metabolic Disorder (eg. Type 1 Diabetes, PKU)	
Genetic Metabolic Disorder		Recurrent Pregnancy Loss, or a Stillbirth	
Sickle Cell Disease or Trait		Other Birth Defects	
Thalassemia		Other Single Gene Defects	
Hemophilia or Other Blood Disorders		Consanguinity	
Muscular Dystrophy		Other	

GENERAL

Father's Age	
Father's Health Status/Medical Issues	
Father's Occupation	

	Yes	No	Comments
Would you accept a blood transfusion in an emergency?			
Do you have any Latex allergies?			