FREEMAN Health System OB/GYN ASSOCIATES

*Patient Name:*_____ *DOB:* _____ *Date:*_____

*Baby's Father's Name:*_____

GENETIC HISTORY

RISK FACTOR	PATIENT		BABY'S FATHER	
Thalassemia	☐ YES	☐ NO	☐ YES	☐ NO
Neural Tube Defect	☐ YES	☐ NO	☐ YES	☐ NO
Down Syndrome	☐ YES	☐ NO	☐ YES	☐ NO
Tay-Sachs	☐ YES	☐ NO	☐ YES	☐ NO
Sickle Cell Disease/Trait	☐ YES	☐ NO	☐ YES	☐ NO
Hemophilia	☐ YES	☐ NO	☐ YES	☐ NO
Muscular Dystrophy	☐ YES	☐ NO	☐ YES	☐ NO
Cystic Fibrosis	☐ YES	☐ NO	☐ YES	☐ NO
Huntington's Disease	☐ YES	☐ NO	☐ YES	☐ NO
Mental Retardation	☐ YES	☐ NO	☐ YES	☐ NO
Fragile X	☐ YES	☐ NO	☐ YES	☐ NO
Other Genetic/Chromosomal	☐ YES	☐ NO	☐ YES	☐ NO
Child w/ other birth defect	☐ YES	☐ NO	☐ YES	☐ NO
>3 spontaneous AB(miscarriage):	☐ YES	☐ NO	☐ YES	☐ NO
History of stillbirth:	☐ YES	☐ NO	☐ YES	☐ NO

INFECTION / ENVIRONMENTAL HISTORY

High Risk Hepatitis B:	☐ YES	☐ NO
Immunized against Hepatitis B:	☐ YES	☐ NO
Exposure to TB:	☐ YES	☐ NO
History of Genital Herpes:	☐ YES	☐ NO
Sexual partner with history of Genital Herpes:	☐ YES	☐ NO
History of STD (GC, Chlamydia, Syphilis, HPV):	☐ YES	☐ NO
Rash, Viral or Febrile Illness since LMP:	☐ YES	☐ NO
Exposure to Cat Litter:	☐ YES	☐ NO

Chicken Pox Immune Status:
- ☐ History of Disease – Immune
- ☐ No History of Disease – Non-Immune
- ☐ History of Vaccine

History of Parvovirus (Fifth's Disease): ☐ YES ☐ NO

Occupational Exposure to Children: ☐ Daycare ☐ Other ☐ Teacher ☐ None

X-Ray Exposure:	☐ YES	☐ NO
Medication, Drug or Alcohol Since LMP:	☐ YES	☐ NO
Chemical / Other Exposure:	☐ YES	☐ NO

Any other known Genetic/Infection/Environmental History:

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