

Appendix D – Prenatal Genetic Risk Assessment Form (to be completed by medical staff)

Patient's name: _____ Date: _____

1. Are you or the baby's father of the following ethnic backgrounds?
 - a. Jewish (Eastern European or Mediterranean background) or French Canadian?----- Y N
If yes, have you ever been tested for Tay-Sachs?----- Y N
 - b. Italian, Greek or Mediterranean? ----- Y N
If yes, have you ever been tested for beta-thalassemia? ----- Y N
 - c. Southeast Asian or Philippine?----- Y N
If yes, have you ever been tested for alpha-/beta-thalassemia? ----- Y N
 - d. African American?----- Y N
If yes, have you ever been tested for sickle cell trait?----- Y N
 - e. Are you or the baby's father Caucasian? ----- Y N
If yes, have you ever been tested for cystic fibrosis? ----- Y N
2. Will you be 35 years old or older when your baby is born?----- Y N
Will the baby's father be 50 or older when the baby is born? ----- Y N
3. Have you had three or more unplanned pregnancy losses? ----- Y N
4. Have you used any street drugs (including marijuana and cocaine) or chemicals in the past six months or during this pregnancy? ----- Y N
5. If any close relatives have these hereditary medical problems, check "Y"; check "N" if a condition does not apply. For the following questions, "close" relatives are considered to include the grand-parents, parents, aunts, uncles, first cousins, brothers, sisters, or children of yours or the baby's father.
 - a. Child with a known birth defect* or stillborn (* e.g., heart defect, cleft lip/palate, club foot) ----- Y N
 - b. Chromosome abnormalities (e.g., Down syndrome, Turner syndrome, Klinefelter syndrome) ----- Y N
 - c. Abnormalities of the brain or spinal column (e.g., hydrocephalus, spina bifida, meningomyelocele, microcephalus, mental retardation) ----- Y N
 - d. Abnormalities of the bones or skeleton (e.g., osteogenesis imperfecta, achondroplasia, limb deformities, dwarfism) ----- Y N
 - e. Inherited disorders of the blood (e.g., hemophilia, sickle cell trait or disease, thalassemia)----- Y N
 - f. Neuromuscular disorders (e.g., muscular dystrophy, myotonic dystrophy)----- Y N
 - g. Metabolic or chemical disorders (e.g., Tay-Sachs disease, cystic fibrosis, glycogen storage diseases, Hurler's and Hunter's syndromes) ----- Y N
 - h. Skin disorders (e.g., neurofibromatosis, ichthyosis, tuberous sclerosis)----- Y N
 - i. Hereditary visual or hearing defects----- Y N
 - j. Unusual reactions to anesthetic agents ----- Y N
 - k. Other inherited genetic diseases not listed above (e.g., Huntington's chorea, polycystic kidney disease, congenital adrenal hyperplasia) ----- Y N
6. Do you have any serious health problems such as diabetes or epilepsy?----- Y N
7. Were you ever on a special diet as a child or do you know of a family member with PKU (phenylketonuria)?----- Y N
8. Do you or the father of the baby have a family history of psychiatric disease or mood disorders (e.g., manic depression, depression, anxiety disorder, schizophrenia)? ----- Y N
9. Do you or the father of the baby have any concerns about conditions that may be inherited? ----- Y N

Patient's Signature: _____ Date: _____

- No known increased risk.
- Positives reviewed; formal counseling not indicated.
- Genetic counseling and/or amniocentesis have been offered and refused.
- Genetic counseling and/or amniocentesis scheduled and/or referral done.
- Undecided at this time.

Form completed by: _____ (Init.) _____