

Note: Fill out Section "O" only if you are pregnant or planning to be pregnant in the near future.

Have you or the baby's father or anyone in your families ever had any of the following:

- 167. Down Syndrome (Mongolism)? If yes, list _____
- 168. Other Chromosomal abnormality? If yes, specify _____
- 169. Neural tube defect (spina bifida, anencephaly)? If yes, who? _____
- 170. Hemophilia or other coagulation abnormality? If yes, who? _____
- 171. Muscular Dystrophy? If yes, who? _____
- 172. Cystic Fibrosis? If yes, who? _____
- 173. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease?
 - 174. Father 175. Result _____
 - 176. Mother 177. Result _____
- 178. If you or the baby's father are of African ancestry, have either of you been screened for Sickle cell trait?
 - 179. Father 180. Result _____
 - 181. Mother 182. Result _____
- 183. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been tested for B-thalassemia?
 - 184. Father 185. Result _____
 - 186. Mother 187. Result _____
- 188. If you or the baby's father are of Phillipine or Southeast Asian ancestry, have either of you been tested for A-thalassemia?
 - 189. Father 190. Result _____
 - 191. Mother 192. Result _____

PATIENT SIGNATURE