Gynecology Associates OF SOUTH FLORIDA

TopLine MD Alliance

Patient Name: _____ Date: _____

PRENATAL RISK ASSESSMENT:

(Office Use Only)

1. **Have you been immunized as a child against the following:**
   Rubella (German Measles) ? Y/N **Measles ?** Y/N

2. **Have you had Chicken Pox? (Not vaccine)** Y/N **Chicken Pox Vaccine?** Y/N

3. **What type of work do you do?** _____

4. **Will you be 35 years of age or older when your baby is born?** Y/N

5. **Do you/baby's father have a birth defect or had a baby/previous pregnancy with a birth defect?** Y/N

6. **Has any of the following occurred in your family/baby's father's family**:

□ Bleeding problems (eg hemophilia)	□ Congenital Kidney/Liver disease
□ History of stillbirth	□ Enzyme Deficiency (eg PKU)
□ Cystic Fibrosis	□ Huntington's disease
□ Death of previous child	□ Neurofibromatosis
□ Muscular Dystrophy	□ Multiple miscarriages
□ Heart Defect	□ Down's Syndrome
□ Spina Bifida or Anencephaly	□ Other chromosome abnormality
□ Severe Anemia	□ Other: _____
□ Hydrocephalus	

7. **Do you/baby's father have relatives with intellectual disabilities?** Y/N

8. **Are you and the baby's father related in any way (e.g. cousins)?** Y/N

9. **Are you or the father of this pregnancy of the following ancestry?**

	Me	Father/Partner
Ashkenazi (Eastern European) Jewish	□	□
French Canadian	□	□
Black, African American, Hispanic	□	□
Mediterranean, Italian, Greek	□	□
***Family Country of origin**	_____	_____

10. **Have you or your baby's father ever been tested for:**
    Sickle Cell Trait, B-thalassemia and/or Cystic Fibrosis Y/N Result: _____
    Ashkenazi diseases Y/N Date: _____ Result:_____

11. **Do you have any chronic medical problems eg high blood pressure, thyroid disease, diabetes, PKU?** Y/N

12. **Have you taken any medicines since your last menstrual period?** Y/N
    If so, what? _____

13. **Have you had any of the following since your last menstrual period:**
    Exposure to X-rays Y/N
    Exposure to contagious illnesses Y/N
    Alcohol/tobacco/recreational drugs including marijuana Y/N

Rubella IgG
Measles IgG
Varicela IgG
Natera Horizon
Myriad Foresight
CBC
Hemoglobinopathy
Quantitative HCG

Reviewed by:
EK LB DK
Date: _____

14. **Do you have indoor or outdoor cats?** Y/N