

Please fill out and bring with you.

PRENATAL GENETIC COUNSELING

General History Sheet

Name _____ Age _____ Race _____ Religion _____

Blood Type _____ Reason for Referral _____

What countries did your ancestors come from?

What countries did your partner's ancestors come from?

Menstrual History:

What was the first day of your last menstrual period?

Do you know when conception occurred?

How frequent are your periods?

Do you have any problems with them?

Any other GYN problems?

Have you had an operation on your uterus or cervix (neck of the womb)?

This Pregnancy:

Any problems?

Any bleeding?

Any infection? Herpes?

Have you taken any drugs?

Have you been tested for HIV (AIDS virus?) _____ Result?

Have you had any shots?

Any X-rays?

(continue on reverse)

How much do you smoke?

How much alcohol do you drink?

Any other exposures?

How do you feel in general?

Was this pregnancy planned or a surprise?

How do you feel about the pregnancy?

Previous Pregnancies:

How many?

How many children?

How many miscarriages?

Family History:

In your family or your partner's family:

Any history of miscarriages?

Stillbirths?

Infant deaths?

Birth defects?

Mental retardation?

5/05/03