

Wellesley Women's Care

Genetic Information and Environmental Exposure Questionnaire

Your Name: _____ DOB: ____/____/____

The purpose of this form is to provide us with genetic and environmental exposure information to determine screening options. We understand that some of these questions may not pertain to every patient's experience, please respond as appropriately as possible.

This is a TWO SIDED QUESTIONNAIRE, please complete BOTH SIDES:

Ethnicity:	African American	Asian	Caucasian	Hispanic	Jewish-Ashkenazi	Jewish-Sephardic	Other:
Relationship status:	Single	Married	Domestic Partnership	Other:			
Occupation:							

	YES	NO
Are you aware of or have you been exposed to any environmental hazards?		
Have you ever:	YES	NO
Had a child born with a birth defect?		
Had a stillborn child?		
Had 3 or more first trimester spontaneous pregnancy losses?		
Have you ever had a chromosomal study?		
If yes, to any of the above, please indicate the findings/ diagnosis:		
Have you, or anyone in your family ever been diagnosed with any of the following:	YES	NO
Cystic Fibrosis		
SMA- Spinal Muscular Atrophy		
Neural tube Defect, i.e. Spina Bifida, anencephaly, open spine		
Hemophilia or a bleeding disorder		
Muscular Dystrophy		
Huntington's Chorea		
Mental retardation		
If yes, who? Was this person ever tested for Fragile X?		
Any other birth defects		
If Yes, what was the nature of the defect?		
Have you ever been exposed to:	YES	NO
Herpes		
Chicken Pox		
Toxoplasmosis		
Hepatitis B		
Tuberculosis		
Fifths' Disease		
HIV		
CMV		

Anything else you feel we should know about you ?

This side of the questionnaire, is about the father of baby or donor. Please only answer what is applicable.

Name: _____ Age: _____

Ethnicity:	African American	Asian	Caucasian	Hispanic	Jewish-Ashkenazi	Jewish-Sephardic	Other:
Occupation:							

	YES	NO
Have they been exposed to any environmental hazards that you are aware of?		
Have they ever :	YES	NO
Had a child born with a birth defect?		
Had a stillborn child?		
Had 3 or more first trimester spontaneous pregnancy losses?		
Have you ever had a chromosomal study?		
If yes, to any of the above, please indicate the findings/ diagnosis:		
Have they, or anyone in their family ever been diagnosed with any of the following:	YES	NO
Cystic Fibrosis		
SMA- Spinal Muscular Atrophy		
Neural tube Defect, i.e. Spina Bifida, anencephaly, open spine		
Hemophilia or a bleeding disorder		
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If yes, who? Was this person ever tested for Fragile X?		
Any other birth defects		
If Yes, what was the nature of the defect?		
Have they ever been exposed to:	YES	NO
Herpes		
Chicken Pox		
Toxoplasmosis		
Hepatitis B		
Tuberculosis		
Fifths' Disease		
HIV		
CMV		

Anything else you feel we should know ?