

Your answers on this form will help your health care provider better understand your medical conditions. If you cannot remember specific details, please approximate. Add any notes you think are important.

Genetic Screening and Infection History

Please check the box if you either had or have experienced these symptoms or medical issues.

<input type="checkbox"/> Indicate Race and Ethnicity (<u>Required field</u>, circle ALL that apply) <i>White, Black, Hispanic/Latina, Native American, Hawaiian, Chinese, Japanese, Korean, Guamanian, Samoan, Filipino, Vietnamese, Cambodian, Lao, Other Southeast Asian, Middle Eastern, Indian Subcontinent, Other, Unknown</i>	<input type="checkbox"/> Recurrent pregnancy loss, or a stillbirth <input type="checkbox"/> Medications (including supplements, vitamins, herbs, OTC Drugs), illicit/recreational drugs, alcohol If yes, agent(s) and strength/dosage: <input type="checkbox"/> Any other genetic history
<input type="checkbox"/> Patients' age will be 35 years or older at estimated date of delivery	<input type="checkbox"/> Use of cannabis (marijuana) by smoking, vaping, infused skin cream, eating or drinking
<input type="checkbox"/> Age of the father greater than 40	<input type="checkbox"/> Had chicken pox or been vaccinated
<input type="checkbox"/> Was there an ovum donor for this pregnancy? If yes, age of donor at time of donation:	<input type="checkbox"/> Live with someone with TB or exposed to TB
<input type="checkbox"/> Thalassemia (Italian, Greek, Mediterranean, or Asian background): MCV < 80	<input type="checkbox"/> Patient or partner has history of genital herpes
<input type="checkbox"/> Neural Tube Defect (Meningomyelocele, Spina Bifida, or Anencephaly)	<input type="checkbox"/> Rash or viral illness since last menstrual period
<input type="checkbox"/> Congenital Heart Defect	<input type="checkbox"/> History of STD, Gonorrhea, Chlamydia, HPV, Syphilis
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> History of HIV
<input type="checkbox"/> Tay-Sachs (i.e. Jewish, Cajun, French-Canadian)	<input type="checkbox"/> Has patient recently traveled outside the US?
<input type="checkbox"/> Canavan Disease	<input type="checkbox"/> Has patient experienced any illness during or within 2 weeks of travel?
<input type="checkbox"/> Sickle Cell Disease or trait (African)	<input type="checkbox"/> Parents or siblings with Diabetes Mellitus
<input type="checkbox"/> Hemophilia or other blood disorders	<input type="checkbox"/> Delivered malformed or stillborn child
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> High risk Hepatitis B
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Prior Gestational Diabetes Mellitus
<input type="checkbox"/> Huntington's Chorea	<input type="checkbox"/> High Risk AIDS
<input type="checkbox"/> Mental Retardation/Autism If yes, was person tested for Fragile X?	<input type="checkbox"/> Had child of birthweight > 9lbs. (4.000 gm)
<input type="checkbox"/> Other inherited genetic or chromosomal disorder	<input type="checkbox"/> History of Glycosuria (sugar in the urine)
<input type="checkbox"/> Maternal metabolic disorder (i.e. Type 1 Diabetes, PKU)	
<input type="checkbox"/> Patient or baby's father had a child with birth defects not listed above	<input type="checkbox"/> None Apply

Race/Ethnicity Definitions

(as defined by GDSP)

1. “Asians” = women (or their ancestors) who consider themselves Japanese, Chinese, Korean, Filipino, Vietnamese, Cambodian, Laotian, or another Southeast Asian.
2. “Other Southeast Asian” = women (or their ancestors) from Malaysia, Indonesia, Thailand, or Burma (Myanmar), Hmong
3. “Hispanic” = women (or their ancestors) from Mexico, Central America, all of South America (regardless of language), Puerto Rico, Cuba, and Dominican Republic. Women from Spain and other European countries are not considered Hispanic (considered white).
4. “Middle Eastern” = women (or their ancestors) from Afghanistan, Armenia, Azerbaijan, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tajikistan, Turkey, Turkmenistan, United Arab Emirates, or Yemen/Persia.
5. “Indian Subcontinent” = women (or their ancestors) from Pakistan, India, Sri Lanka, Nepal, or Bangladesh.
6. Pacific Islander (other than Hawaiian, Guamanian, or Samoan) is classified as “Other”.
7. Multiracial: GDSP recommends that if a patient is $\frac{1}{2}$ a particular race or $\frac{1}{2}$ Hispanic, then that race and/or Hispanic should both be entered for a dual race adjustment. For example, if a patient is $\frac{1}{2}$ Hispanic and $\frac{1}{2}$ Black, both Black and Hispanic should be entered into SIS; if a patient is $\frac{1}{2}$ Chinese and $\frac{1}{2}$ Vietnamese, both these races should be entered. However, if a patient is $\frac{1}{4}$ or $\frac{1}{8}$ a particular race or Hispanic, our recommendation is that the race not be entered.
8. Race and Ovum Donor: GDSP does not take into account the race of the ovum donor. The race adjustments used in the PNS Program are based on the physiological environment of the pregnant woman. Therefore, her race is used. The genetic makeup of the fetus is not an issue in raceadjustments.