

Please check yes if any of the following applies to you, baby's father, or family members.

	Yes	No
Your age 35 or greater at time of delivery		
Thalassemia (Italian, Greek, Mediterranean or Asian background)		
Neural Tube defect (spina bifida)		
Congenital Heart defect		
Down Syndrome		
Tay-Sachs (Ashkenazi Jewish)		
Canavan disease		
Familial Dysautonomia		
Sickle Cell trait or disease		
Hemophilia, blood disorder		
Muscular Dystrophy		
Cystic Fibrosis		
Huntington's chorea		
Mental Retardation/Autism		
Other Chromosomal disorder		
Maternal Metabolic disorder (Type 1 diabetes)		
You or father of baby with other birth defects		
Recurrent Pregnancy loss (>3) or stillbirth		
Medications, drugs, alcohol or tobacco since last period		
Other, please list		

Please indicate yes if any of the following apply.

	Yes	No
Check no if you have had the chicken pox		
Work as a teacher/day care worker		
Live or work with cats		
Do you live with someone with/exposed to Tuberculosis		
Genital Herpes, you or partner		
Rash or virus since last period		
Hepatitis B or C		
History of gonorrhea		
History of chlamydia		
History of HPV		
History of HIV		
History of syphilis		
Other STD, please list		

Please indicate if any of the following apply to YOU.

	Yes	No	Year Began
Diabetes			
Hypertension			
Heart Disease			
Autoimmune disease (lupus, Type 1 diabetes)			
Kidney Stones, Infection			
Epilepsy			
Postpartum depression			
Liver disease, hepatitis			
Varicosities, phlebitis			
Thyroid dysfunction (indicate low or high)			
Domestic Violence			
Blood transfusion			
Rh blood type sensitization			
Asthma, lung disease			
Seasonal allergies			
Breast disease			
Gynecologic surgery			
Other surgery/hospitalization			
Anesthetic complications			
Abnormal Pap			
Uterine malformation			
Infertility			
IVF or other fertility treatment			
Other, please specify			

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to receive a blood transfusion to save your life?      Yes      No

If you have a baby boy, would you like him circumcised?      Yes      No

Please list your husband/partner/father of baby's name and contact number:

