Note: Fill out Section "O" only if you are pregnant or planning to be pregnant in the near future.

Have you or the baby's father or anyone in your families ever had any of the following:

167. □ Down Syndrome (Mongolism)? If yes, list ________________________________

168. □ Other Chromosomal abnormality? If yes, specify __________________________

169. □ Neural tube defect (spina bifida, anencephaly)? If yes, who? ________________________________

170. □ Hemophilia or other coagulation abnormality? If yes, who? ________________________________

171. □ Muscular Dystrophy? If yes, who? ________________________________

172. □ Cystic Fibrosis? If yes, who? ________________________________

173. □ If you or the baby’s father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease?
   174. □ Father 175. Result ________________________________
   176. □ Mother 177. Result ________________________________

178. □ If you or the baby’s father are of African ancestry, have either of you been screened for Sickle cell trait?
   179. □ Father 180. Result ________________________________
   181. □ Mother 182. Result ________________________________

183. □ If you or the baby’s father are of Italian, Greek, or Mediterranean background, have either of you been tested for B-thalessemia?
   184. □ Father 185. Result ________________________________
   186. □ Mother 187. Result ________________________________

188. □ If you or the baby’s father are of Philippine or Southeast Asian ancestry, have either of you been tested for A-thalessemia?
   189. □ Father 190. Result ________________________________
   191. □ Mother 192. Result ________________________________

PATIENT SIGNATURE