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Genetics Questionnaire

Name: _____ DOB: _____ Date: _____

- 1.) Will you be age 34 or older when the baby is due? Yes _____ No _____
 - a. Age when due? _____
- 2.) Have you, the baby's father or anyone in either of your families ever had:
 - a. Down Syndrome Yes _____ No _____
 - b. Spina Bifida or Meninquocele Yes _____ No _____
 - c. Hemophilia Yes _____ No _____
 - d. Muscular Dystrophy Yes _____ No _____
 - e. Cystic Fibrosis Yes _____ No _____
 - f. Huntington's Chorea Yes _____ No _____
 - g. Blood Disorders Yes _____ No _____
- 3.) Have you or the baby's father had a child born dead or alive with a birth defect not listed in the above question? Yes _____ No _____
 - a. If yes, please describe: _____
- 4.) Do you or the baby's father have any close relatives who are developmentally delayed? Yes _____ No _____
 - a. If yes, please describe; _____
- 5.) Do you, the baby's father or any close relatives in either of your families have an inherited genetic or chromosomal disease or disorder not listed above? Yes _____ No _____
 - a. If yes, please describe: _____
- 6.) Have you, or the partner of this baby's father from a previous relationship, had three or more spontaneous pregnancy losses? Yes _____ No _____
- 7.) Do you or the baby's father have any close relatives descended from Jewish people who live in Eastern Europe (Ashkenazi Jews)? Yes _____ No _____
- 8.) If you or your partner are African American, have you, the baby's father or any close relatives been screened for Sickle Cell trait and found to be positive? Yes _____ No _____