MRN:

Other:

GENETIC COUNSELING FAMILY HISTORY FORM

Please complete the following about *yourself* and the *father of your baby*Please return to the front desk once complete



	YOURSELF		FA	ATHER OF BA	BY
Phone #	' /	Name: Date of Birth: Address: City/State/ZIP: Phone #: Email:			
	SOCIA	AL HISTORY			
Marital Status: Education:		Occupation: Marital Status: Education: Religion:			
	ETHNIC BACKGROU	UND (circle which apply	y)		
Caucasian East Indian African American/Black Pacific Islander French Canadian Hispanic Mediterranean Jewish Native American Indian Other		Caucasian African American/Black French Canadian Mediterranean Native American Indian Other		East Indian Pacific Islander Hispanic Jewish	
	PREGA	NCY HISTORY			
Total number of pregnancie Total number of miscarriag Number of children you and Number of children you hav Number of children the fath	es:d the baby's father have t ve with another partner:	Stillbirths: together:			Ferminations:
	FAMI	LY HISTORY			
Do you or anyone in	your family have any of the	he following conditions?	Please c	heck all that	apply.
Multiple Miscarriages/Stillb			Your	Partner's	Who is affected?
Birth Defects (such as heart Intellectual Disabilities/Lear Genetic Conditions (such as Chromosome Conditions (s	rning Problems cystic fibrosis, sickle cell	, hemophilia)			
Blindness or Deafness Physical differences/handic Depression/Schizophrenia/	aps				
Cancer (diagnosed under th	ne age of 50)				

MRN:

CURRENT PREGNANCY

During the preg	nancy have you had:		
An il	Iness or an infection?		
Feve	er?		
Vagi	nal bleeding or spotting?		
_	y exposure?		
Alco	<u> </u>		
	rettes/Tobacco?		
_	ijuana?		
	et Drugs?		
	lications (include doses if known)?		 ,
Otne	er Exposures?		
D 200 (162)		ICV.	12
	nancy have you had an ultrasound?		
Did i	t show any abnormalities?		
	nancy have you had any abnormal scre		If Yes, which?
	t show any abnormalities?		
During this preg	nancy have you or the father of the bal	by traveled out of the coun	try and where?
-	nce that you and the father of the baby		
Is the father of t	the baby involved in the pregnancy? _		
What questions	or ocncerns about this pregnancy do y	ou have for the genetic coι	unselor?
		e Use Only	
Date:			
Genetic Counse	lor:		
Student/Observ	er:		
Referring OB: _			
Patient Accente	d/Declined (circle accepted):		
•	CVS Amnio FISH CMA NIPT FTS	S Auad Carrier Screen	Other:
	LabCorp Integrated Quest BCM	Counsyl NTD Natera	Other:
Datakasa			
Database:			

Pt. Name: MR#: DOB: Pt. Accompanied By:	USF HEALTH	Date Taken: Counselor: Student: Indication:	
t. Accompanied by.		maication:	

(+/-)
___RSAB/SB
___ID/LD/DD
___Birth Defects
__Cancer <50
___Blind/Deaf
__Consanguinity
__Genetic Disease