

**Family History**

**1. Which of the following best describes your race and family background?  
(Please circle all that apply to you and the father of the baby)**

Asian      Black      French Canadian      Hispanic      Jewish      White      Other

**2. Where were your ancestors from before coming to the United States?**

**3. Where were the father of the baby's ancestors from before coming to the United States?**

**4. Have you or the father of the baby been screened for any of the following conditions?**

Cystic Fibrosis (CF)	___ Yes	___ No	___ Not Sure	___ I declined screening	Results: _____
Sickle Cell Anemia	___ Yes	___ No	___ Not Sure	___ I declined screening	Results: _____
Tay Sachs Disease	___ Yes	___ No	___ Not Sure	___ I declined screening	Results: _____
Thalassemia	___ Yes	___ No	___ Not Sure	___ I declined screening	Results: _____

Other: \_\_\_\_\_

**5. Do you or the father of the baby have any chronic health conditions or birth defects?**

Yes      No      If yes, please explain: \_\_\_\_\_

**6. Have there been any members of your family or the father of the baby's family with the following disorders?  
(Think about brothers, sisters, children, aunts, uncles, nieces, nephews, parents, grandparents and first cousins)**

Mental retardation or Down Syndrome	___ Yes	___ No	___ Not Sure
A genetic condition or syndrome	___ Yes	___ No	___ Not Sure
Spina Bifida (opening along the spine)	___ Yes	___ No	___ Not Sure
Muscular Dystrophy or Muscle Disease	___ Yes	___ No	___ Not Sure
Blood disorders (like hemophilia or thalassemia)	___ Yes	___ No	___ Not Sure
Seizure disorder (epilepsy)	___ Yes	___ No	___ Not Sure
Birth defect (like a heart defect, cleft lip/palate, e	___ Yes	___ No	___ Not Sure
A family member with 3 or more miscarriages	___ Yes	___ No	___ Not Sure
A child who was stillborn or died at a young age	___ Yes	___ No	___ Not Sure
A birth defect (i.e. cleft lip or palate)	___ Yes	___ No	___ Not Sure

**7. Is there anything else in your family history that you would like to discuss today?**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_