



**Department of Medical Genetics**  
**Preconception/Prenatal Screening Tool**

<b>Check (✓) if Yes</b>	<p><i>If you answer <b>YES</b> to any of these questions or if you have a family history that concerns you contact us at <b>937-641-3800</b> to schedule an appointment. We provide genetic counseling services for children AND adults.</i></p> <p style="text-align: center;"><b>Do YOU or YOUR PARTNER have any of the following?</b></p>
<input type="checkbox"/>	Repeat pregnancy losses (3 or more miscarriages or previous stillbirth)
<input type="checkbox"/>	Personal or family history of a genetic condition Examples include, but not limited to: chromosome abnormality, cystic fibrosis, galactosemia, hemophilia, muscular dystrophy, PKU, sickle cell disease, spinal muscular atrophy, thalassemia
<input type="checkbox"/>	Family history of CARRIER of a genetic condition
<input type="checkbox"/>	Personal or family history of a birth defect Examples include, but not limited to: cleft lip and/or palate, spina bifida or other neural tube defects, congenital heart defects
<input type="checkbox"/>	Family history of intellectual disability, including Fragile X syndrome or learning disabilities
<input type="checkbox"/>	Concern for genetic condition based on <b>Jewish ancestry</b> , and would like more information on carrier screening for increased risk for conditions such as Canavan Disease, Cystic Fibrosis, Gaucher Disease and Tay-Sachs disease
<input type="checkbox"/>	Concern for genetic condition based on <b>Caucasian or Hispanic ancestry</b> , and would like more information on carrier screening for increased risk for Cystic Fibrosis
<input type="checkbox"/>	Concern for genetic condition based on <b>African, Mediterranean, Philippine or Southeast Asian ancestry</b> , and would like more information on carrier screening for increased risk for sickle cell trait
<input type="checkbox"/>	Concern for genetic condition based on <b>Italian, Greek, Mediterranean, Philippine, or Southeast Asian ancestry</b> , and would like more information on carrier screening for increased risk for thalassemia
<input type="checkbox"/>	Concern due to exposure to medicines during pregnancy that cause birth defects
<input type="checkbox"/>	Concern due to exposure to harmful substances during pregnancy that may cause birth defects (Examples include, but are not limited to: smoking, alcohol, street drugs, occupational exposures, toxic chemical exposure)
<input type="checkbox"/>	Are you and your partner first cousins or in any other way blood relatives?
<input type="checkbox"/>	Are you pregnant or planning pregnancy and over the age of 35?