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## PRENATAL DIAGNOSTIC SCREENING QUESTIONS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

QUESTION	YES	NO
1. Will you be at age 35 or older when your baby is due?		
2. Have you or your baby's father or anyone in either families ever had: <ul style="list-style-type: none"> <li>• Down's Syndrome (Mongolism)</li> <li>• Spina Bifida, Meningomyelocele, or Hydrocephaly (open spinal cord or "water on the brain")</li> <li>• Hemophilia</li> <li>• Muscular Dystrophy</li> </ul>		
3. Have you or the baby's father had a child born, dead or alive, with a birth defect not listed in question #2? If yes, please describe:		
4. Do you or the baby's father have any close relatives that have an intellectual disability (intellectual developmental disorder)?		
5. Do you or the baby's father, or relatives in either of your families have any inherited, genetic or chromosomal disease or disorder not listed above?		
6. Have you or the spouse of the baby's father in a previous marriage (if applicable) had three or more spontaneous pregnancy losses?		
7. Do you or the baby's father have any relatives descended from the Jewish people who lived in Europe (Ashkenazi Jews)?		
8. Have you or the baby's father or any close relatives been screened for the sickle cell trait and found to be positive?		
9. Have you ever had a history of MRSA?		
10. What is your ethnic origin?		