Prenatal Genetics Screen

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Name: _____ Date of Birth: _____ /_____ /_____

This form is intended to simply learn more about you and your family's history to better understand how it may influence your pregnancy. Your provider will be with you through your entire pregnancy and will answer any questions that arise along the way.

1. Will you be 35 years or older when the baby is due? ☐ Yes ☐ No

2. Have you, the baby's father or anyone in either of your families had any of the following? List relation (e.g. me, baby's father, relative)

☐ Birth Defect _____
☐ Canavan Dysautonomia _____
☐ Chromosomal Abnormality _____
☐ Cystic Fibrosis _____
☐ Developmental Disabilities _____
☐ Downs Syndrome _____
☐ Familial Dysautonomia _____
☐ Fragile X Syndrome _____
☐ Heart Defect _____
☐ Hemophilia or Other Blood Disorders _____
☐ Huntington's Disease _____
☐ Muscular Dystrophy _____
☐ Neural Tube Defect (Spina Bifida, Anencephaly) _____
☐ Phenylketonuria (PKU) _____
☐ Spinal Muscular Atrophy (SMA) _____
☐ Other: _____

3. Indicate if the following questions apply to either you or the baby's father:

- Jewish Ancestry? ☐ Yes ☐ No
  Tested for Tay-Sachs Disease? ☐ Yes ☐ No
- African-American? ☐ Yes ☐ No
  Tested for Sickle Cell Trait? ☐ Yes ☐ No
- Philippine or Southwest Asian background? ☐ Yes ☐ No
  Tested for A-Thalassemia? ☐ Yes ☐ No
- Italian, Greek or Mediterranean background? ☐ Yes ☐ No
  Tested for B-Thalassemia? ☐ Yes ☐ No

4. Since being pregnant or since your last menstrual period, have you taken any:

- Medications, excluding iron and vitamins ☐ Yes ☐ No
- Recreational drugs ☐ Yes ☐ No

5. Do you have a litter box in your home? ☐ Yes ☐ No

6. Have you had chicken pox? ☐ Yes ☐ No

7. Have you had the rubella vaccine? ☐ Yes ☐ No

8. Have you had any x-rays during the pregnancy? ☐ Yes ☐ No

9. Have you been exposed to infectious diseases during the pregnancy? ☐ Yes ☐ No

10. Have you traveled outside of the country in the last three months? ☐ Yes ☐ No

Patient Signature: _____ Patient Name (Printed): _____

Provider Signature: _____ Date: _____

Safe Medications & Vaccines in Pregnancy

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Allergies
Adhesive Nasal Strips
Allegra
Benadryl
Claritin
Flonase Allergy Relief
Nasonex
Saline Nasal Spray
Singulair
ZYRTEC

Cold, Flu & Cough
Chloroacetic Spray
Cough Drops / Lozenges
Delsym
Dextromethorphan
Mucinex
Robitussin
Sudafed (2nd and 3rd Trimester)
Tylenol Cold and Flu
Vicks

Constipation
Benefiber
Citrucel
Colace
FiberCon
Metamucil
Milk of Magnesia
MiraLAX
Senokot

Diarrhea
Imodium A-D
Kaopectate
Simethicone (Milicon or Gas-X)

Headaches, Aches & Pains
Magnesium Oxide
Tylenol / Acetaminophen
No Advil, Aspirin, Ibuprofen or Motrin

Heartburn, Reflux & Gas
Axid
Maalox
Mylanta
NEXIUM
PEPCID
Prevacid
Prilosec OTC
Rolaids
Simethicone (Mylicon or Gas-X)
TUMS Antacid Crewable Tablets

Hemorrhoids
Anusol-HC
Preparation H
Tucks Medicated Cooling Pads

Insomnia
Benadryl
TYLENOL PM
Unisom

Nausea & Vomiting
Dramamine
Emetrol for Nausea & Upset Stomach
Tigan
Vitamin B6

Vaginal Yeast Infection
Clotrimazole / Gyne Lotrimin
Femstat Vaginal
Monistat (7-Day Insert)
Mycelex

Vaccines
Hepatitis A
Hepatitis B
Influenza
TB Skin Test
Tetanus (Tdap)

Prescription Medications
Albuterol Inhaler
Amoxicillin / Ampicillin
Augmentin
Azithromycin / Zithromax
Bonjesta
Compazine
Diclegis
Erythromycin
Fioricet
Keflex
Macrobid
Mycolog II Cream
Phenergan
Lidocaine (Local Anesthetics)
Nystatin
Penicillin
Prednisone
Reglan
Tamiflu
Terazol
Theo-Dur / Theophlline
Valtex
Ventolin

Other
Hydrocortisone / Cortisone Cream
Nix Lice

NOTE: If you have questions about any medications not included on this list, please talk to your provider.