Name: ______________________________ Date: ____________

Last First Middle

Symptoms Since LMP

GENETIC SCREENING/TERATOLOGY COUNSELING

Includes patient, baby's father or anyone in either family with:

	Yes	No	Comments
1. Patient's age >35 years as of est date of delivery			
2. Thalassemia (Italian, Green, Mediterranean or Asian background (MVC <80)			
3. Neural tube defect (meningomyelocele, spina bifida or anecephaly			
4. Congenital heart defects			
5. Down Syndrome			
6. Tay-Sachs (eg, Jewish, Cajun, French Canadian)			
7. Canavan Disease			
8. Sickle Cell Disease or trait (African)			
9. Hemophilia or other blood disorders			
10. Muscular dystrophy			
11. Cystic Fibrosis			
12. Huntington's Chorea			
13. Mental retardation/autism			
14. Other inherited genetic or chomosomal disorder			
15. Maternal metabolic disorder (eg, Type I Diabetes, PKU)			
16. Patient or baby's father had a child with birth defects not listed above			
17. Recurrent pregnancy loss or a stillbirth			
18. Medications (including supplements, vitamins, herbs or OTC drugs)			
Illicit/rec drugs or alcohol since last menstrual period			
If yes, agent(s) and strength/dosage			
19. Exposure to chemicals or radiation (work hazards)			
20. Other			

INFECTION HISTORY	Y	N	COMMENTS
1. Live with someone with TB or exposed to TB	☐	☐	
2. Patient or partner has history of genital herpes	☐	☐	
3. Rash or viral illness since last menstrual period	☐	☐	
4. History of STD, Gonorrhea, Chlamydia, HPV, Syphilis	☐	☐	
5. Other (see comments)	☐	☐	

INITIAL PHYSICAL EXAM

Date:	NL	ABNL	HT	WT		BMI	B/P
1. HEENT	☐	☐	12. Vulva	☐ Normal	☐ Condyloma		☐ Other
2. Fundi	☐	☐	13. Vagina	☐ Normal	☐ Inflammation		☐ Discharge
3. Teeth	☐	☐	14.Cervix	☐ Normal	☐ Inflammation		☐ Lesions
4. Thyroid	☐	☐	15. Uterus Size	# Weeks ________		☐ Fibroids	
5. Breasts	☐	☐	16. Adnexa	☐ Normal	☐ Mass		
6. Lungs	☐	☐	17. Rectum	☐ Normal	☐ Abnormal		☐ Deferred
7. Heart	☐	☐	18. Diagonal Conjugate	☐ Reached	☐ No		CM: ______
8. Abdomen	☐	☐	19. Spines	☐ Average	☐ Prominent		☐ Blunt
9. Extremeties	☐	☐	20. Sacrum	☐ Concave	☐ Straight		☐ Anterior
10. Skin	☐	☐	21. Subpubic Arch	☐ Normal	☐ Wide		☐ Narrow
11. Lymph Nodes	☐	☐	22. Gynecoid Pelvic Type	☐ Yes	☐ No		

COMMENTS (Number and explain abnormals)