**OBSTETRICS MEDICAL ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Name __________________________</th>
<th>Date __________</th>
<th>Chart No. __________</th>
</tr>
</thead>
</table>

In order for us to provide informed prenatal care, it is important for you to answer these questions. All information is held in strict confidence.

1. Will you be age 35 or older when this baby is born? __ __
2. Will the father be age 50 or older when this baby is born? __ __
3. Have you, the baby’s father, or anyone in either of your families ever had any of the following disorders?:
   A. Down’s syndrome (mongolism), any chromosomal abnormality? __ __
   B. Neural tube defect (spina bifida, meningocele, myelocele, encephalocele, open spine), or anencephaly? __ __
   C. Hemophilia, muscular dystrophy, cystic fibrosis? __ __
   D. Birth Defects? __ __
   E. Mental Retardation? __ __

4. Have you or the baby’s father ever had 3 or more pregnancies that ended in miscarriage before the 4th month? __ __
5. Have either of you had a chromosomal study? __ __

6. Have you or the baby’s father ever had a stillborn? __ __

7. Do you fall in one of the following categories?
   A. Work in a public safety field? __ __ __
   B. Have frequent occupational exposure to blood? __ __ __
   C. Have contact with a known Hepatitis B carrier or hemodialysis patient? __ __ __

8. Are you or the baby’s father of Eastern European (Ashkenazi) Jewish ancestry? __ __ __
9. Are you or the baby’s father African-American or African? __ __ __

10. Are you or the baby’s father of Italian, Greek, Mediterranean, Philippine, or Southeast Asian ancestry? __ __ __
11. Are you and the baby’s father related in any way (e.g. cousins)? __ __ __

12. Do you drink alcohol? If yes, how much: ____________ __ __
13. Do you smoke? If yes, how much: ____________ __ __
14. Have you taken any “street drugs”? If yes, which: ____________ __ __
15. During this pregnancy, have you taken any medicine or had x-rays? __ __ __
16. Have you been told you have genital herpes? __ __ __
17. Are you currently in an abusive situation? __ __ __
18. Have you been told you carry Group B strep (in the vagina or urine)? __ __ __
19. Have you ever had a premature baby (3 weeks or more early)? __ __ __
20. Have you ever had a baby 2 or more weeks overdue? __ __ __
21. Have you ever had Chicken Pox? If no, vaccine? __ __ __

**Physician: ____________________________** **Date:__________**