

Name, DOB, Doctor					
Contemporary OB Nurse Intake Form					
Medical History	Pos/Neg	Additional Info	Genetic Screening	Yes/No	Additional Info
Allergic Rhinitis			Patent Ovar 35yrs Old		
Anemia			Neural Tube Defect (Spinal Bifida)		
Asthma			Aneuploidy		
Autoimmune Disorder			Trisomy 21 (Down Syndrome)		
Abnormal Pap Smear			Congenital Heart Defect		
Blood Transfusion			Cystic Fibrosis		
Breast Disorder			Tay-Sachs/Jewish, Cajun, French)		
Depression			Thalassemia (Italian, Greek, Asian)		
Psychiatric Disorder			Canavan Syndrome		
Diabetes			Hemophilia - Hematologic Disease		
Heart Disease			Huntington's Chorea		
Hypertension			Autism		
Infertility			Fetus, was person tested for Fragile X		
Liver Disease			Mental Retardation		
Neurologic Disorder			Fetus, was person tested for Fragile X		
(RS) Seizures			Muscular Dystrophy		
Thyroid Disorder			Sickle Cell Disease/Trait (African American)		
Sexual Trauma Hx			Inherited Genetic or Chromosomal Disorder		
Uterine Abnormalities			Maternal Metabolic Disorder Type 1 Diabetes)		
Vasculitis/CT			Recurrent Pregnancy Loss, or stillbirth		
Anesthesia Complications			Other Birth Defects		
Other Family Hx					
Other					
Exposure/Infection History	Yes/No	Additional Info	Surgery/Hospitalizations	Years & Additional Info	
Partner has Hx of HIV			1		
Partner/Partner has Hx of Genital Herpes			2		
Exposure to TB			3		
Hx of Sexually Transmitted Disease			4		
Possible Varicella Susceptibility					
Rash or Viral Illness since LMP					
Other Exposure or Hx of Infection					
Substance	Yes/No	Years	Amount/Pregnancy/During Pregnancy	Menstrual On Set Age	Genetic Testing
Tobacco/Vape (Packs/ Times a day)					Panorama
Alcohol (Drinks/Day)					Harmon
Illicit Recreational Drugs					Decline
Father Of the Babies Name, Along with any medical history					