



## REPRODUCTIVE GENETIC COUNSELING SURVEY

Please fill out the survey below to see if you have risk factors/indications for meeting with a genetic counselor. Regardless of your answers, if you would like to meet with a genetic counselor to discuss your personal and/or family history, risk factors, genetic testing options, and/or pregnancy, please let your provider know and a referral can be placed. You can also request a genetic consult by calling (771) 200-1920 to reach MFM & Genetics of Advantia.

Are you pregnant? ☐ Yes ☐ No

Have you had genetic testing? ☐ Yes ☐ No      Are you interested in reviewing the results? ☐ Yes ☐ No

Are you interested in discussing available genetic testing options in pregnancy? ☐ Yes ☐ No

Will you be 35 or older at the time of your delivery? ☐ Yes ☐ No

Have you had blood tests or ultrasounds that suggest an increased risk for you or the pregnancy? ☐ Yes ☐ No

Do you take prescribed medications? ☐ Yes ☐ No

If you are not pregnant, are you considering trying for a pregnancy? ☐ Yes ☐ No

Have you had carrier screening (a genetic test for inherited traits like cystic fibrosis or sickle cell)? ☐ Yes ☐ No

Are you aware of any medical conditions in you, your reproductive partner, or your family? ☐ Yes ☐ No

Are you adopted, conceived using a donor, or have limited information about your family history? ☐ Yes ☐ No

**Please indicate any details in the chart below:**

Condition	You	Partner	Child	Sibling	Other family member
Birth defect needing surgery					
Chromosome abnormality					
Cancer < age 50					
Learning or developmental conditions (e.g. autism)					
Mental health conditions					
Autoimmune conditions					
Known genetic conditions					
Miscarriage, stillbirth, or infertility					
Other early onset or progressive conditions (e.g. hearing loss, vision loss)					
Other medical conditions					

Has anyone in your family had genetic testing? ☐ Yes ☐ No

For what reason: \_\_\_\_\_