PREMIER GENOMICS

CARRIER SCREENING QUESTIONNAIRE

ABOUT YOU AND YOUR PARTNER

Please complete the below information about you, your partner/spouse, and your family members. It's OK if you can't answer all the questions on the form. Information will be reviewed with your care provider during your appointment.

	YOU	YOUR PARTNER
Name		
Date of Birth		
Religion		
Adopted	☐ Yes ☐ No	☐ Yes ☐ No
Are you currently pregnant?	☐ Yes ☐ No	

ETHNIC BACKGROUND

Please ✔ the box or boxes **if you or your partner** have ancestors from these ethnic backgrounds.

	YOU	YOUR PARTNER
African, African-American, Black	☐	☐
Asian/Pacific Islander	☐	☐
Cajun or French Canadian	☐	☐
European Caucasian (from England, Germany, Ireland, Switzerland, etc.)	☐	☐
Hispanic (from Central or South America, Mexico, Puerto Rico, etc.)	☐	☐
Indian (from India)	☐	☐
Jewish	☐	☐
Mediterranean (from Greece, Italy, Turkey, etc.)	☐	☐
Middle Eastern (from Egypt, Iran, Iraq, Lebanon, etc.)	☐	☐
Native American/First Peoples/Indigenous	☐	☐
Southeast Asian (from China, Laos, Vietnam, etc.)	☐	☐
I am unsure of my ethnic background	☐	☐

PERSONAL AND FAMILY HEALTH CONDITIONS

Please ✔ the "yes," box for any health conditions you or your family members have now or have had in the past. Please only consider family members related to you by blood, such as your parents, grandparents, children, brothers/sisters, aunts/uncles, cousins, and nieces/nephews. In the last column, write who the family member is, what condition they have and when diagnosed, if you know this information.

	YES	WRITE DOWN WHAT YOU KNOW ABOUT THE PERSON WHO HAS THIS
Sickle cell, thalassemia, or hemoglobinopathy	☐	
Genetic condition Cystic fibrosis, Spinal muscular atrophy, Tay Sachs, Fragile X, etc.	☐	
Autism, autism spectrum disorder, etc.	☐	
Intellectual/development disabilities or learning problems for unknown reasons	☐	
Infertility	☐	
I or someone in my family have had genetic testing for an inherited genetic condition. If so, which condition?	☐	

	YOU
I have undergone bone marrow transplant from a donor, peripheral stem cell transplant or have a hematologic cancer or Myelodysplastic Syndrome (MDS).	☐ Yes ☐ No