Dartmouth-Hitchcock

MEDICAL GENETICS

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
Phone (603) 629-8355
Fax (603) 629-8325
Dartmouth-Hitchcock.org

Clinical Genetics Program Patient Information

Name of Patient: ___________________________ Date: ___/___/______

Birth Date: ___________________________

Mother's Name: __________________ Father's Name:__________________

Dear Patient or Parents,

The primary purpose of your visit to the Genetics Clinic is to address your questions. We also will address the questions of your doctor. Please think about what you want to learn from us. Please use this space to write down your questions.

Please complete this form prior to your appointment and bring it with you to the appointment. If you have questions, please call the Genetics Program offices at (603) 629-8355.

Questions:

1.

2.

3.

4.

Family Information: Mother Father

Birth Date: ________________ ________________

Occupation: ________________ ________________

Patient's Parents are:
- ☐ Married and living together
- ☐ Married and separated
- ☐ Divorced
- ☐ Unmarried and together
- ☐ Unmarried and separated
- ☐ Adoptive
- ☐ Other, describe:______________________________

Parents' Medical History (if patient is a minor/child):

	Mother	Father
Height:		
Weight:		
Current Health Problems:		
Current Medications:		
Past Medical Problems:		
Surgical Operations:		
Hearing disorder?		
Vision disorder?		
Neurological disorder?		
Learning disorder?		
Problems at birth?		
Psychiatric problems?		
Other comments?		

Mother's Pregnancy History:

What pregnancy # was the patient for you? _____

Have you had any:

Miscarriages? ☐ Yes, if so how many? _____ ☐ No _____

Stillbirths? ☐ Yes, if so how many? _____ ☐ No _____

Total # of liveborn children (including patient) _____

Any difficulty getting pregnant? ☐ Yes ☐ No

If yes, please explain: ____

Any fertility medicine or surgeries? __________________________________

Mother's age when patient was born: _____ Father's age: _____

Location of birth of patient: ____

Parents' occupations during pregnancy: Mother ___________ Father __________

Dates mother worked during pregnancy: From ______________ to ________________

During pregnancy, did mother have:

Weight gain (or loss)? ___________________ Lbs

Diabetes? ☐ Yes ☐ No If yes, dates ____________________

High Blood Pressure? ☐ Yes ☐ No If yes, dates ____________________

Infections? ☐ Yes ☐ No If yes, dates ____________________

X-rays taken? ☐ Yes ☐ No If yes, dates ____________________

Operations? ☐ Yes ☐ No If yes, dates ____________________

Hospitalizations? ☐ Yes ☐ No If yes, dates ____________________

Vaginal Bleeding? ☐ Yes ☐ No If yes, dates ____________________

Other medical problems? ☐ Yes ☐ No If yes, dates ____________________

During pregnancy, did mother use or was she exposed to (please explain, if yes, amounts, dates, etc):

☐ Alcohol ☐ Yes ☐ No If yes, dates ____________________

☐ Cigarettes ☐ Yes ☐ No If yes, dates ____________________

☐ Medicines ☐ Yes ☐ No If yes, dates ____________________

☐ Chemicals ☐ Yes ☐ No If yes, dates ____________________

☐ Other ☐ Yes ☐ No If yes, dates ____________________

Any prenatal testing done?

Test	No	Yes	Dates	Results
1st Trimester Screening or MSAFP				
Amnio				
Ultrasound				
Other				

Any other comments about the pregnancy?

____

Birth History:

Gestation: _____ weeks

Birth weight: ________ Birth length: ________ Head Circumference: ________

Length of Labor: _____ hours

Type of delivery: ☐ Natural

☐ Induced

☐ Vaginal and head first, or ☐ breech

☐ C-section, reason _______________________________________

Complications for mother?

Problems with the placenta (afterbirth)?

Problems with the umbilical cord?

Problems with the amniotic fluid?

Days infant in hospital: ________ Days mother in hospital: ________

Newborn medical problems? (use back of page, if needed)

Remainder of the Medical History (chronological order, use back of page, if needed)

Include illnesses, hospitalizations, operations; who, where treated, medications, etc.

Developmental history (include any concerns about development, any therapies or special services, special education, etc.)