Dartmouth-Hitchcock

Dartmouth-Hitchcock Medical Genetics
One Medical Center Drive
Lebanon, NH 03756-0001
and
100 Hitchcock Way
Manchester, NH 03104
Phone: (603) 629-8355

Clinical Genetics Program Patient Information

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

Birth Date: ____________________________

Person(s) filling out the form ____

Relationship to Patient ____

Dear Patient or Parent/Guardian,

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.

Patient Name: ________________________________ Date of Birth: ________________________

Family Information: Birth Mother Birth Father

Birth Date: ________________ ________________

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):

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

Patient Name: ______________________________ Date of Birth: ______________________

Birth Mother's Pregnancy History:

What pregnancy number was the patient for birth mother? _____

Did the birth mother have any:

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

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

Total number 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: ______________________________

During pregnancy, did birth mother have:

Diabetes? ☐ Yes ☐ No If yes, dates ____________________

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

Infections? ☐ 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 birth mother use or was she exposed to any of the following (if Yes, please explain 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	Results
Maternal Blood Testing for Chromosome Disorders			
Amniocentesis or Chorionic Villus Sampling (CVS)			
Ultrasound			
Other			

Any other comments about the pregnancy? ______________________________

____

Patient Name: ______________________________ Date of Birth: ______________________

Birth History:
Gestational age at birth: _____ weeks

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

Type of delivery: ☐ Vaginal ☐ C-section and reason: ______________________

Complications for birth mother? ______________________________

Problems with the placenta? ______________________________

Problems with the umbilical cord? ______________________________

Problems with the amniotic fluid? ______________________________

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

Newborn medical problems? ______________________________

Remainder of the Medical History (Include illnesses, hospitalizations, operations)

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