

# Prenatal Risk Profile Questionnaire

**LACK OF COMPLETE INFORMATION WILL DELAY TEST RESULTS**

Patient Name: \_\_\_\_\_

Date Drawn: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Patient's Race:      Caucasian               Black               Asian

Native American       Hispanic       Non-Black       Unknown

Is patient an insulin-dependent diabetic?      Yes               No

Is there a history of prior Down syndrome?      Yes               No

Is there a history of prior neural tube defect?      Yes               No

Maternal weight: \_\_\_\_\_

Has ultrasound been done?                      Yes               No

If yes, date done: \_\_\_\_\_

Gestational age at time of ultrasound: \_\_\_\_\_ weeks \_\_\_\_\_ days

Date of first day of LMP: \_\_\_\_\_

Is this a confirmed multiple pregnancy? (i.e., twins, triplets, etc.)      Yes               No

If yes,                      Twins               Triplets               Other

Is this a repeat draw for this pregnancy?      Yes               No

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Provided for the clients of*

PATHOLOGY ASSOCIATES MEDICAL LABORATORIES  
PACLAB NETWORK LABORATORIES  
TRI-CITIES LABORATORY  
TREASURE VALLEY LABORATORY  
ALPHA MEDICAL LABORATORY

# Prenatal Risk Profile Questionnaire

**LACK OF COMPLETE INFORMATION WILL DELAY TEST RESULTS**

Patient Name: \_\_\_\_\_

Date Drawn: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Patient's Race:      Caucasian               Black               Asian

Native American       Hispanic       Non-Black       Unknown

Is patient an insulin-dependent diabetic?      Yes               No

Is there a history of prior Down syndrome?      Yes               No

Is there a history of prior neural tube defect?      Yes               No

Maternal weight: \_\_\_\_\_

Has ultrasound been done?                      Yes               No

If yes, date done: \_\_\_\_\_

Gestational age at time of ultrasound: \_\_\_\_\_ weeks \_\_\_\_\_ days

Date of first day of LMP: \_\_\_\_\_

Is this a confirmed multiple pregnancy? (i.e., twins, triplets, etc.)      Yes               No

If yes,                      Twins               Triplets               Other

Is this a repeat draw for this pregnancy?      Yes               No

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Provided for the clients of*

PATHOLOGY ASSOCIATES MEDICAL LABORATORIES  
PACLAB NETWORK LABORATORIES  
TRI-CITIES LABORATORY  
TREASURE VALLEY LABORATORY  
ALPHA MEDICAL LABORATORY