

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
COLORADO LABORATORY SERVICES

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