Notice to Obstetric Patient

(See Section 766.16, Florida Statutes)

I have been furnished information by Stephen G. Smith, M.D., Tricia M. Percy, D.O., and Roslyn V. Mallory, M.D, prepared by the Florida Birth Related Neurological Injury Compensation Association, and have been advised that Stephen G. Smith, M.D., Tricia M. Percy, D.O., and Roslyn V. Mallory are participating physicians in that program, where in certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation. For specifics on the program, I understand I can contact the Florida Birth Related Neurological Injury Compensation Association (NICA), 1435 Piedmont Drive East, Suite 101, Tallahassee, Florida 32312, 1-800-398-2129. www.nica.com I further acknowledge that I have received a copy of the brochure prepared by NICA.

Dated this _____day of_____, 20_____

Signature_____

Name of Patient_____

Social Security#_____

Attest_____ (Nurse of Physician)

Date_____

ALL ABOUT WOMEN OBGYN GENETIC HISTORY QUESTIONNAIRE

NAME: _____ DATE: _____

Yes or No Comment

Will you be 35 or older at time of delivery? _____

Family history on your side or father's side of family of any of the following diseases?

1. Thalassemia (Italian, Greek, Mediterranean, Asian) _____
2. Neural Tube Defect (Menignomyelocele, Spina Bifida, Anencephaly) _____
3. Congenital Heart Defect _____
4. Down Syndrome- Trisomy 21 _____
5. Tay-Sachs (Ex: Jewish, Cajun, French-Canadian) _____
6. Canavan Disease (Autosomal Recessive) _____
7. Sickle Cell Disease or Trait _____
8. Hemophilia or other Blood Disorder _____
9. Muscular Dystrophy _____
10. Huntington's Chorea _____
11. Mental Retardation/Autism, Fragile X _____
12. Other inherited Genetic or Chromosomal Disorder _____
13. Maternal Metabolic Disorder (Type I Diabetes, PKU) _____
14. Had a previous child with birth defects _____
15. Recurrent pregnancy loss or still birth _____
16. Any other genetic history _____
17. Live with/exposed to someone with Tuberculosis (TB) _____
18. Do you or your partner have history of Genital Herpes _____
19. Rash or viral illness since your last period _____
20. History of STD(Gonorrhea, Chlamydia, HPV, Syphilis) _____
21. History of Hepatitis B, C or HIV _____
22. Other infection history _____

Please list all medications including Over the Counter, supplements, recreational drugs, alcohol (Tobacco, marijuana, narcotics) used since your last period.

_____

I hereby CONSENT to allow ALL ABOUT WOMEN OBGYN to take a specimen of my urine and submit for urine drug screen.

_____

Signature

Blue Cross of Alabama Does Not Pay For This Test

Cystic Fibrosis Facts

Name _____

Date of Birth_____ Identification Number_____

- Cystic fibrosis (CF) is a common genetic disorder in Caucasians. It is present in other ethnic groups as well but is less common.

- CF causes lung problems. Children with cystic fibrosis get inflammation and infections in their lungs.

- CF causes digestive problems in about 85% of people. Lack of enzymes from the pancreas (pancreatic insufficiency), which aid digestion, can cause poor absorption of food.

- CF symptoms are highly variable even in the same family. Some children may have very mild disease, some may have significant disease. Knowledge of specific mutations (gene changes) does not assist in predicting severity of disease.

- The median age of survival with current medical therapies is about 30 years although the median age of survival is longer in people without pancreatic insufficiency.

- CF occurs in a child only when both parents are carriers. This is called recessive inheritance. When both parents are carriers, the chance with each pregnancy to have a child with CF is 25% (1 in 4 chance).

- CF carrier screening has been recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) for:

    - Couples in whom at least one person in Caucasian and is pregnant or planning a pregnancy

    - Individuals with a family history of CF

    - Reproductive partners of an individual affected with CF

    - Screening should be made available to couples of non-Caucasian, lower risk, ethnic or racial groups.

- Current CF carrier screening tests for the most common CF mutations (gene changes). Rare mutations are not analyzed.

- A negative screening result reduces the chance that someone is a carrier, but a small risk of being an undetected carrier and a small possibility of having an affected child remain.

- A positive family history of CF will affect the estimation of carrier risk when a negative result is found and must be taken into account in the testing process. In some instances this is not straightforward, and genetic counseling is recommended.

- The estimate of risk is couple-specific and does not apply to other pregnancies conceived with other partners.

- Some CF mutations and variants are associated with male infertility... Some couples may discover they are at increased risk of having an infertile son who is otherwise healthy.

- If a couple is found to be at risk of having a child with CF, genetic counseling and prenatal diagnosis are available. CVS (chronic villis sampling) can be performed at 10 to 12 weeks, and amniocentesis can be performed at 15 to 20 weeks of gestation.

- Choosing prenatal diagnosis or other options is a private decision between a family and its health care provider.

This fact sheet is intended to highlight some key points in screening for cystic fibrosis. It is not intended to provide an in depth look at cystic fibrosis, informed consent, carrier screening, or prenatal testing options. This is not a test order; a test request form or prescription is necessary to obtain the test. Please discuss additional questions with your health care provider.

☐ Yes, I would like to have CF carrier screening

○ No, I do not want CF carrier screening.

Printed Name_____

Signature_____Date_____