|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **Your Information** | | | | | | | | |
| **Last Name:** | | | **First Name:** | | | **Middle Name:** | | |
|  | | |  | | |  | | |
| **Date of Birth:** | | | **Gender:** | | |  | | |
|  | | | **MALE** | | | **FEMALE** | | |
| **Address:** | | | | | | **Apt/Suite # (If Applicable):** | | |
|  | | | | | |  | | |
| **Zip:** | | | **City:** | | | **State:** | | |
|  | | |  | | |  | | |
| **Cellular Phone:**    Do we have your permission to leave a voice message on the cellular phone number provided?  **YES  NO** | | | **Alternate Phone:**    Do we have your permission to leave a voice message on the alternate phone number provided?  **YES  NO** | | | **E-Mail:** | | |
| **Race/Ethnicity:** | **African American** | | **Asian** | **Caucasian** | | | **French Canadian** | **Hispanic** |
|  | **Jewish (Ashkenazi)** | | **Jewish (Sephardic)** | **Mediterranean** | | | **Other:** | |
| **Your Insurance Information** | | | | | | | | |
| **Insurance Name:** | | | **Policy ID:** | | | **Group ID (If Applicable):** | | |
|  | | |  | | |  | | |
| **\*\*PLEASE HAVE YOUR INSURANCE CARD READY WHEN YOU ARRIVE FOR YOUR APPOINTMENT\*\*** | | | | | | | | |
| **Family History (If Applicable)** | | | | | | | | |
| **Do you have any family history of any genetic disorders?** | | **YES** | | | **NO** | | | |
| ***If Yes\**:** | | **Name of Disorder(s):** | | | **Family Relationship:** | | | |
| **Affected or Carrier?:** | | | **Mutation, if known:** | | | |
| **Your Partner’s Information (If Applicable)** | | | | | | | | |
| **Please Note:** Your partner is also required to fill out a Patient Pre-Registration Form if being tested | | | | | | | | |
| **Last Name:** | | | **First Name:** | | | **Date of birth:** | | |
|  | | |  | | |  | | |

|  |  |
| --- | --- |
| **Questionnaire** | |
| 1. **Do you consent to genetic carrier screening testing?  YES  NO** | **YES  NO** |
| 1. **Are you currently trying to conceive?** | **YES**  **NO** |
| 1. **Are you interested in pre-conception counseling with**   **Dr.       at      ?** | **YES  NO** |
| 1. **Where did you first hear about this event?** |  |

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