Integrated GENETICS
LabCorp Specialty Testing Group

Patient Information & Pregnancy Questionnaire

Last Name: _____ First Name: _____ Date of Birth (M/D/Y):_____

Address:_____ City: _____

State:_____ Zip: _____ County (CA only):_____ Occupation:_____

PARTNER INFORMATION (if the patient is pregnant, then "partner" is the father of the pregnancy)

Last Name: _____ First Name: _____

Date of Birth (M/D/Y):_____ Occupation: _____

PATIENT CONTACT INFORMATION:

Cell: _____Home: _____ Work: _____

May we leave detailed voice messages that may include **confidential medical information and test results**? ☐NO ☐YES

If yes, please provide a confidential phone number: _____

Can we leave test results with anyone else? ☐NO ☐YES If yes, please provide information below:

Name: _____ Confidential #:_____

REFERRING DOCTOR OR CLINIC INFORMATION:

Name: _____ Phone: _____

Address: _____ City: _____

PREGNANCY AND EXPOSURE INFORMATION

Are you currently pregnant? ☐NO ☐YES **Due date**: _____

Have you taken any medications during this pregnancy (besides prenatal vitamins or Tylenol)? ☐NO ☐YES
If yes, please list:

_____

_____

Since becoming pregnant, have you had any:
(or if not pregnant please check current exposures)

Recreational Drugs ☐NO ☐YES _____

Cigarettes ☐NO ☐YES _____

Alcohol ☐NO ☐YES _____

Fevers (greater than 101˚ F) ☐NO ☐YES _____

X-rays (other than dental) ☐NO ☐YES _____

Do you have any of the following conditions?

Diabetes? ☐NO ☐YES _____

A seizure disorder? ☐NO ☐YES _____

Lupus? ☐NO ☐YES _____

ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE
PATIENT SIGNATURE:_____ DATE: _____

Integrated Genetics is a business unit of Esoterix Genetic Laboratories, LLC, a wholly-owned subsidiary of Laboratory Corporation of America Holdings.

Revised January 2013

© 2011 Laboratory Corporation of America® Holdings. All rights reserved.