



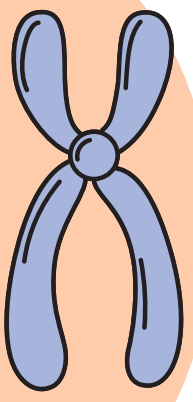
Do any of the following apply to your patient or their partner?

Check if yes



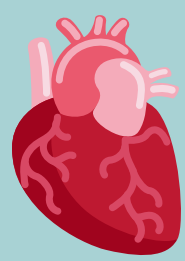
1. INHERITED CONDITION OR CHROMOSOMAL DISORDER?

- Genetic disorder (e.g. neurofibromatosis, cystic fibrosis)
- Muscular disorder (e.g. Duchenne or Becker muscular dystrophy)
- Bleeding disorder (e.g. hemophilia)
- Chromosome disorders such as a previous pregnancy with Down syndrome or a familial chromosomal translocation



2. PHYSICAL DIFFERENCE PRESENT AT BIRTH

(e.g. cleft lip, heart defect)



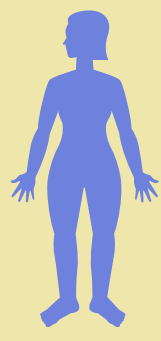
3. INTELLECTUAL DISABILITY, DEVELOPMENTAL DELAY AND/OR AUTISM

More on the [neurodevelopmental conditions here](#)



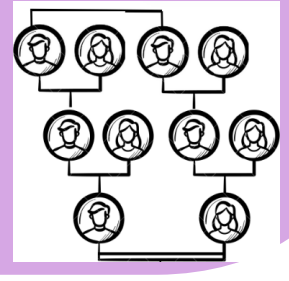
4. OTHER MAJOR HEALTH CONCERNS

Other major health concerns such as [cardiomyopathy](#), [neurological disease](#), [epilepsy](#), [hearing loss](#), and psychiatric disorders



5. HISTORY OF CONSANGUINITY

Where the patient and their partner are related by blood



6. ETHNICITY

Certain populations have a higher than average chance to carry genetic variants for certain conditions.

If your patient answers 'yes', [see more on carrier screening here](#).

- Ashkenazi Jewish
- Mediterranean, Middle East, South East Asian, Western Pacific, Caribbean or South American
- Amish, Hutterite, or Mennonite
- Saguenay Lac-Saint-Jean and Charlevoix
- Bas-Saint-Laurent and Gaspésie (Quebec), adjoining New Brunswick....
- Newfoundland



If you patient answers 'yes' to any of these probe further (e.g. relation to patient/partner, documentation) and consider referral to your [local genetics clinic](#). If you're unsure reach out to [GECKO](#) or [your local genetics expert](#).

Additional resources for patients:

- [A guide to prenatal screening](#)
- [Non-Invasive Prenatal Screening_\(NIPT\)](#).

