



A Full Service, Licensed Child Placing Agency

MEDICATION AND DRUGS TAKEN DURING PREGNANCY

Please describe the amount, frequency and when taken.

1. ASPIRIN _____
2. ANTIBIOTICS _____
3. ANTIHISTAMINES _____
4. HORMONES _____
5. CORTISONE _____
6. DIET PILLS _____
7. SLEEPING PILLS _____
8. TRANQUILIZERS _____
9. CANCER MEDS _____
10. BLOOD PRESSURE _____
11. ANTI DEPRESSANTS _____
12. NAUSEA MEDICINE _____
13. SEIZURE MEDS _____
14. NOSE DROPS _____
15. ALCOHOL _____
16. AMPHETAMINES _____
17. BARBITURATES _____
18. COCAINE _____
19. CRACK _____
20. HEROIN _____
21. LSD _____
22. MARIJUANA _____
23. CIGARETTES _____

DATE _____

BIRTH MOTHERS SIGNATURE

Section R501-7-8.