

Medical Information

I. *Drugs and Medication*

List current medications you are taking.

Have you ever taken or used any of the following?

Drug	Date of last usage
Pep pills, Speed	
Barbiturates (downers)	
Benzedrine ("bennies")	
LSD	
Marijuana, Hashish	
Cocaine	
Heroin	
Any other drug:	

II. *Allergies*

Do you have any known allergies?

What symptoms do you have?

Have you ever had an unusual reaction to a drug?

- What drugs?
- What reactions?

What specific problems do you have that you would like us to help you with?

What do you think are the best ways that we could help you with these problems?

What are your concerns or worries about this pregnancy and the experience of childbearing?