



FLINT

I, _____, have been informed of the increased risks to me and my baby associated with smoking, drinking, and drugs. These risks include, but are not restricted to, miscarriage, premature birth, stillbirth, abnormalities of the afterbirth, low birth weight, sudden infant death syndrome, neurobehavioral problems, birth defects, and susceptibility to infections during pregnancy.

I understand that there may also be effects which medical science has not even discovered as yet.

I acknowledge that if I currently am using any risk substance, I will immediately inform the medical staff.

Further, if I am not using any such substance now, but do choose to do so in the future during this pregnancy, I will notify the medical staff in order that they may appropriately assess my situation.

Patient's Signature

Date

Witness's Signature

Date



FLINT

ACKNOWLEDGED SUBSTANCE ABUSERS

I, acknowledge being advised of the dangers associated with my use and continued use of drugs, alcohol and/or smoking.

Because of these dangers, I agree that random drug screening may be required of me during this pregnancy as a condition of my continued care in this office. The information obtained will be held strictly confidential by the our office.

Should I refuse the random drug screening, or if I should test positive, the doctors and/or midwives reserve the right to refuse further care for me. Upon notice of being dismissed from their care, I will have thirty days in which to find a new doctor/health care provider.

Patient's Signature

Date

Witness's Signature

Date