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## CONSENT FOR DRUG AND ALCOHOL TESTING

THERE ARE MANY HEALTH RISKS ASSOCIATED WITH THE USE OF ALCOHOL AND DRUGS DURING PREGNANCY. IN ORDER TO ASSIST YOU IN OBTAINING THE BEST POSSIBLE CARE DURING YOUR PREGNANCY AND TO PROVIDE YOU WITH REFERRALS FOR COUNSELING AND DRUG TREATMENT, WE ARE REQUESTING THAT YOU SIGN THIS CONSENT FOR DRUG AND ALCOHOL TESTING. YOUR DOCTOR MAY TEST YOU DURING EACH TRIMESTER OF YOUR PREGNANCY.

The following are some of the risks associated with drug and/or alcohol use during pregnancy:

- Babies born to women who drink alcohol or take drugs may be born with mental retardation, have physical and facial abnormalities, growth deficiencies and permanent developmental problems.
- The use of alcohol and/or drugs during pregnancy can slow the growth of the baby causing premature delivery and resulting in low birthweight.
- Babies that are born to mothers that have used drugs during their pregnancy can be born with signs of withdrawal.
- Babies born affected by drugs and alcohol need extra medical care and are prone to have more health problems than other children; some of these problems may not show up for years.

With my signature, I consent to test for alcohol and drugs and acknowledge receipt of information regarding the risks involved in using alcohol and/or drugs during my pregnancy. A copy of this consent can be given to me.

Patient's Printed Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name (If patient is a minor): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Parent Signature (If patient is a minor): \_\_\_\_\_ Date: \_\_\_\_\_