



# EXPOSURES CLINIC INTAKE FORM

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

Indication: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Referring: \_\_\_\_\_

*The following information is to be obtained prior to the appointment from the patient directly or the referring provider's office or at time of the appointment.*

|  |                     |
|--|---------------------|
| <b>Pregnant:</b> LMP: _____ EDC: _____ GA: _____ w _____ d                               | Ultrasound: NL ABNL |
| <b>Preconception:</b> LMP: _____ Status: Not Trying Actively Trying Fertility Treatments |                     |
| <b>Breastfeeding:</b> Infant Age: _____ Infant Sex: _____ GA @ Delivery: _____           |                     |

| Agent<br><small>(use back for more)</small> | Indication | Dose/Unit/Freq | Route | Start Date | End Date | Side effects or Symptoms |
|---|------------|----------------|-------|------------|----------|--------------------------|
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |
|   |            |                |       |            |          |                          |

Other Exposures: Tobacco Alcohol Street Drugs X-Rays Herbals/Probiotics Other Rx Drugs  
 Maternal Illnesses: Cold/Flu Infection HTN DM Epilepsy/Seizures Genetic Condition

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Database: Y/N Studies: Y/N Studies: \*\*\*  
 Contacts/Recs: GC MFM OB PSYCH METHADONE POISON CNTRL GENETICS LACTATION OTHER