

**PREGNANCY  
MEDICATION SHEET**

DIABETES CENTRE

Medication Allergies:  No  
 Yes \_\_\_\_\_  
 \_\_\_\_\_

Instructions:

- Include non-diabetes medication and over the counter (OTC) medications and supplements.
- See Pregnancy Flow Sheet for insulin and oral anti-hyperglycemic agents (OAA).
- **Provide signature and initial at bottom of the page. Initial all entries.**
- Initial visit: Date and record all pertinent medication information (including dosage and frequency). Pay particular attention to folic acid & prenatal supplement. **Initial.**
- Subsequent visits: Add new meds and (√) "New Med" column. For dose changes to existing meds, **date** Dose change (▲) column (use current visit date), indicate new dosage, and **initial.** If med has been D/C, (√), **date** (use current visit date), and **initial.**

Date (d/m/y)	Medication	Dosage & Freq.	*In	Dose ▲ (date)	Dose ▲ (date)	Dose ▲ (date)	D/C (√) (date)	New Med (√)
01/02/06	<b>Example:</b> Ferrous Sulphate	300 mg/ od		(01/04/06) 300 mg/ bid				
	Folic acid <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Preconception							

Sig = Signature; \*In = Initial

Sig/In: \_\_\_\_\_ Sig/In: \_\_\_\_\_ Sig/In: \_\_\_\_\_

Date (d/m/y)	Medication	Dosage & Freq.	*In	Dose ▲ (date)	Dose ▲ (date)	Dose ▲ (date)	D/C (√) (date)	New Med (√)

Sig = Signature; \*In = Initial

Sig/In: \_\_\_\_\_ Sig/In: \_\_\_\_\_ Sig/In: \_\_\_\_\_