

PRENATAL CHIROPRACTIC INTAKE FORM

This form is in addition to our regular patient history form in order for us to have the necessary information to care for you during your pregnancy.

CURRENT PREGNANCY

Patient name _____ Date ____/____/20____

Due Date/Week _____, I am in my _____ week of pregnancy.

Prepregnancy weight _____, Current weight _____ Height _____

Childbirth preparation: Bradley, LaMaze, Other _____

Childbirth caregiver(s): Doula, Midwife, OB/GYN, _____

Last visit to Caregiver: ____/____/____; Caregivers name and phone # _____

I plan on giving birth at : Birth Center, Home, Hospital; Name and address of birth center or hospital _____

What position do you sleep in? _____

Any traumas during this pregnancy? If yes, Please describe _____

Any hospitalizations during this pregnancy? If yes, Please describe _____

Any medication during pregnancy, including over the counter medication? Please describe _____

Any fertility treatment? Please describe _____

Prior gynecological treatments (LEEP, Cervical Cryotherapy, etc)? _____

Any other information you would like us to know about you and your pregnancy? _____

PREVIOUS PREGNANCIES/BIRTHS

of previous pregnancies _____, # of previous births _____; explain any difference in numbers _____

Names and ages of children _____

Your previous births were at : Birth Center, Home, Hospital

Medications used in prior births: None, Ptoicin, Epidural,

Interventions used in prior births: IV, External monitor, Internal monitor, Breaking of waters,

Vacuum, Forceps, Episiotomy

How long was your previous labor: Total: _____, Time before you pushed _____,

Time you spent pushing: _____

Childbirth preparation: Bradley, LaMaze, Hypnobabies, Other _____

Did you have Chiropractic care during your previous pregnancy? Yes, No

