

PRENATAL CHIROPRACTIC INTAKE FORM

Thank you for allowing us the opportunity to be a part of your pregnancy health care. This form is to be completed in addition to our regular patient history so we can better serve you throughout your pregnancy.

Name: _____ Date: _____

CURRENT PREGNANCY

Due Date: _____ I am in my _____ week of pregnancy.

Pre-pregnancy weight: _____ Current weight: _____ Height: _____

Childbirth preparation: Bradley _____ LaMaze _____ Other _____

Childbirth caregiver(s) name and phone number:

OB/GYN _____ Doula _____ Midwife _____

Last visit to caregiver: ____/____/____

I plan on giving birth at: Hospital ____ Home ____ Birth Center ____

Name of hospital or birth center: _____

What position do you sleep in? Side ____ Back ____ Stomach ____

Any traumas during this pregnancy? If yes, please describe: _____

Any hospitalizations during this pregnancy? If yes, please describe: _____

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

Any fertility treatment? If yes, please describe _____

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

PREVIOUS PREGNANCIES/BIRTHS

of previous pregnancies: _____ # of previous births _____ Please explain any difference in numbers: _____

Names and ages of children: _____

Your previous births were at: Hospital _____ Home _____ Birth center _____

Medications used in prior births: None _____ Pitocin _____ Epidural _____

Interventions used in prior births: Breaking of water _____ Vacuum _____ Forceps _____

Episiotomy _____

How long was your previous labor? Total: _____ Time you spent pushing: _____

Did you have chiropractic care during your previous pregnancies? Yes _____ No _____

AFTER 32ND WEEK OF PREGNANCY

Position of baby: Head down _____ Posterior _____ Breech or malposition _____

Confirmed by: Palpation by _____ on ____/____/____

Ultrasound by _____ on ____/____/____

How long do you believe baby has been in this position? _____