



FILE #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### EARLY PREGNANCY

When was the first day of your last menstrual cycle?

Current gestational age: \_\_\_\_\_ wks, \_\_\_\_\_ days

When is your calculated due date ("guess date")?

Did you have any difficulty conceiving? ☐ Yes ☐ No

If yes, please explain:

Have you experienced any morning sickness? ☐ Yes ☐ No

If yes, please explain:

### CURRENT STATE OF HEALTH

How often are you exercising?

What types of exercises do you enjoy?

Please describe your eating habits and any dietary restrictions:

Have you taken any supplements or medications during your pregnancy? ☐ Yes ☐ No

If yes, please describe:

How would you rate the level of emotional stress during your pregnancy? \_\_\_\_\_/10 (10 being the highest)

Which of the following contribute to your emotional stress? ☐ Work ☐ Home ☐ Finances ☐ Health

What activities help you relieve your stress?

### PREVIOUS PREGNANCY EXPERIENCE

Is this your first pregnancy? ☐ Yes ☐ No

If no, how many previously:

Any previous miscarriages or ectopic pregnancies?

How many vaginal deliveries? \_\_\_\_\_ How many cesarean deliveries? \_\_\_\_\_

Was labor induced using Pitocin? ☐ Yes ☐ No ☐ Unknown

Was there any hip or back pain during labor? ☐ Yes ☐ No

Was your baby in a suboptimal position during the pushing phase of labor? ☐ Yes ☐ No ☐ Unknown

Did you receive an epidural? ☐ Yes ☐ No

Were there any operative devices used? ☐ Yes ☐ No ☐ Forceps ☐ Vacuum

Any postpartum complications or long term consequences? ☐ Yes ☐ No

What worked well in your previous pregnancy and delivery?

What would you like to do differently for this pregnancy, delivery, and postpartum?

### CURRENT BIRTH PLAN

Do you currently have a birth plan? ☐ Yes ☐ No

If yes, please describe your wishes:

Will you take any prenatal or birth classes?

If yes, which one(s)?

Where will you be delivering your baby?

Who is your OB/GYN or midwife?

Do you have a birth coach or doula? ☐ Yes ☐ No

What are your top 3 goals for this pregnancy?

1.

2.

3.

What would you like to gain from chiropractic care during your pregnancy?

Do you have any questions at this time?

### POST-BIRTH

Do you plan to breastfeed your baby? ☐ Yes ☐ No

Would you like a complimentary nervous system evaluation for your baby following delivery?