

Pregnancy Questionnaire

Congratulations on your pregnancy! It is important for us to know your PAST history and current GOALS, so please give us some information that will help us to take care of you:

Your Name: _____

Estimated Guess Date: _____ # of weeks currently pregnant _____

The reason for this visit is a result of: Wellness Visit Low Back Pain Pubic Symphysis Discomfort

Pelvic/Hip discomfort Headache/neck pain Other _____

of Previous Pregnancies: Vaginal _____ C-Section _____ Miscarriage _____

In this pregnancy, have you experienced: Use of infertility drugs/In-Vitro Fertilization Morning Sickness

Pre-Eclampsia Other _____ Did you receive the Covid-19 shot? _____

Please tell us about any complications if any, you experienced in previous pregnancies:

What birth class have you decided to take (did you take)? Bradley Hypnobabies/Hypnobirthing BabySteps

Hospital class not yet sure none other: _____

Where do you plan to give birth? Home Birth Center Hospital Which one? _____

Do you plan to use an Obstetrician or a Midwife? _____

Do you plan to use Doula? _____ If so, who: _____

Are you taking any supplements and/or vitamins? Yes No If yes, what product(s):

What are your hopes or expectations for the birth? Natural birth Epidural only if necessary Definite Epidural

VBAC Planned C-Section Unsure Other _____

What is your biggest fear going into this birth? _____

Please circle topics that you would like to hear more about:

Doula's Creating a Birth Plan Chiropractic care for Infants Breast Feeding Home Birth

Birthing Classes Circumcision decision Vaccination decision Other _____

Name of OB or Midwife: _____ Practice Name: _____

Phone: _____

May we have your permission to contact your birth attendant and doula to confer with them and share information regarding the chiropractic care that you are receiving here? YES NO

Signature _____

Date _____