

**History of Pregnancy**

1. Was the pregnancy natural or were any fertility procedures/medications employed, please describe any fertility intervention:

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2. During this Pregnancy have you:

a) used any medication( prescription or over the counter), if yes please list:

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b) used alcohol, cigarettes or recreational drugs, if yeas please list how much and how often:

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c) experienced any illness or trauma ( i.e. car accident or fall), if yes, please give details:

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d) used any prenatal vitamins? YES NO

e) had any prenatal medical testing, (i.e. ultrasound, etc). If yes, please list procedure and how often:

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f) received chiropractic care? YES NO

3. Birth order of this baby (i.e. firstborn): \_\_\_\_\_

4. Is the baby in a breech position? YES NO

**Previous Pregnancies**

<u>Natural/C-Section</u>	<u>Length of Labor</u>	<u>Induced</u>	<u>Medical Interventions</u> (pitocin, forceps, vacuum, episiotomy)	<u>Complications</u>

**Reason for Chiropractic Care:**

1. Describe the reason for seeking chiropractic care:

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2. If symptoms are present, describe the following:

a) how long they have been occurring:

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b) are they (please circle): Improving    Not Changing    Getting worse  
c) does this problem interfere with (please circle): eating    sleeping    working

d) have you treated this problem on your own or seen other providers, if yeas please describe:

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**The Birth:**

1. What are your goals for the birth?

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2. Do you have a birth plan? If yes, please explain.

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3. How can we help you in your pregnancy i.e. recommendations for nutrition, exercise, etc; provide research.

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4. Members of your birth team:

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