



Prenatal 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 _____ Today's Date _____

Is this your first pregnancy? () Yes () No. Please tell us about your previous pregnancy and/or birth experience(s) _____

Current Pregnancy

What is the expected due date _____. I am in my _____ week of pregnancy.

Any difficult conceiving? () Yes () No. Any fertility treatment(s)? () Yes () No.

Have you used hormonal or oral contraceptives in the past? () Yes () No. How long _____

Pre-pregnancy weight _____ Current weight _____ Height _____

Any complications/trauma/sickness experienced during this pregnancy? () Yes () No. Explain _____

Any hospitalizations or medications used during this pregnancy? () Yes () No. Explain _____

How do you sleep? Side () Stomach () Back () through the night () disrupted () wake feeling rested () wake feeling tired ().

Do you smoke? () Yes () No. Do you drink Alcohol? () Yes () No. Use Recreational Drugs? () Yes () No.

How has your diet been this pregnancy? () Excellent () Average () Poor () Vegetarian/Vegan () Restricted () Other.

Preparation & Caregivers

Childbirth preparation: () Bradley () LaMaze () Great Beginnings () LaLeche () Pre-Natal Exercise () Parenthood NCS () Other pre-natal or birthing class Explain _____

Childbirth Caregivers: () Doula () Family Medicine Doctor () Midwife () OB/GYN () Other

Primary Caregiver/Provider Contact: Name _____ Phone _____

Last visit to caregiver(s)? _____

I plan on giving birth at: () Home () Hospital () Other

Will you have someone with you at the birth for coaching and support? Yes No

If yes, who? () Doula () Family Member () Family Member () Significant Other () Spouse () Friend () Other _____

Do you intend to utilize a birth plan? Yes No. Explain _____

What are your most significant hopes/fears associated with this pregnancy or birth process?

Why are your goals in seeking chiropractic care during your pregnancy? _____

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

Post Pregnancy Plan

Breastfeeding

Vaccines

Family Doctor or Pediatrician