

Date: _____

Pre or Post-Partum Chiropractic Patient Intake Form

Pregnancy/Post-Partum Patient Information

Current week of gestation: _____ **OR** Weeks/Months post-partum? _____

Pre-Pregnancy Weight: _____ Current Weight: _____ Height: _____

Maternity Care Providers: OB/GYN Midwife Doula Other: _____

Do we have your consent to contact your maternity care provider? No Yes

Maternity Care Provider Name: _____ Clinic: _____

Contact Information: _____

Hours of sleep per night _____ Sleep position: L side R side Back Stomach

Please indicate below any symptoms or diagnoses you are currently or have previously experienced:

- | | | |
|--|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Nausea / "Morning Sickness" | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Eclampsia | <input type="checkbox"/> Constipation | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Swelling of ankles, legs and feet | <input type="checkbox"/> Heartburn/Indigestion | <input type="checkbox"/> Carpal Tunnel (numbness in hands/fingers) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pain in pubic bone |

Is there any additional information you would like to provide us about your pregnancy?

After 32nd Week of Pregnancy

Position of baby: Head Down Posterior Malposition or Breech

Confirmed by:

Palpation by _____ Date: _____

Ultrasound by _____ Date: _____

Date: _____

Previous Pregnancies

Number of pregnancies: _____

Number of children: _____

For previous births, were they: Vaginal Caesarean

Interventions used in previous births:

Induced labour/breaking water

Forceps

Vacuum

Episiotomy

Extraction

Other: _____

Length of previous labour (hours) Total: _____ Early Labour: _____ Active Labour: _____

Did you receive chiropractic care during your previous pregnancies?

Is there any additional information you would like to provide us about your previous pregnancies?
