

PREGNANCY QUESTIONNAIRE



INFINIT
CHIROPRACTIC

Patient Name: _____ Date: _____

PREVIOUS BIRTH EXPERIENCE

Is this your first pregnancy: No Yes (If Yes, proceed to Conception & Early Pregnancy Section)

If not, list date(s) of pregnancy(ies)?

How many children do you have? _____

How many vaginal deliveries? _____ How many cesarean deliveries? _____

Was labor induced using Pitocin? No Yes Unknown Was there any hip or back pain during labor? No Yes

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

Did you receive an epidural? No Yes Were there any operative devices used? No Yes Forceps Vacuum

Any postpartum complications or long term consequences? No Yes, please

explain: _____

Any other details you would like to provide?

Do you plan to follow the same birth plan as your previous delivery(ies)? No Yes

If not, what would you like to change?

CONCEPTION & EARLY PREGNANCY

When is your expected or calculated due date?: ____/____/____ How many weeks along are you? _____

Did you have difficulty conceiving? No Yes If yes, please explain: _____

Have you used any form of hormonal contraceptives? No Yes If yes, please explain: _____

Have you experienced morning sickness? No Yes If yes, please explain: _____

CURRENT HEALTH CONDITIONS

What type of exercises are you currently performing? _____

Please tell us about your current diet, and any dietary restrictions: _____

PATIENT'S NAME: _____ HR#: _____ DATE: _____

Have you taken any medications or supplements during your pregnancy? No Yes If yes, please list: _____

Have you had any slips, falls or other physical traumas during this pregnancy? No Yes If yes, please explain: _____

Have you had any major emotional stressors during this pregnancy? No Yes If yes, please explain: _____

YOUR BIRTH PLAN

What are your top 3 goals for this pregnancy?

1. _____
2. _____
3. _____

Do you currently have a birth plan for this pregnancy? No Yes If yes, please explain: _____

Are you taking any pre-natal or birthing classes? No Yes If yes, please explain: _____

Who is your OBGYN and/or mid-wife? _____

Will he/she be present for the delivery? No Yes Who is your birth provider facility? _____

Do you intend to have a birth coach or doula present? No Yes If yes, who: _____

Do you wish to have a medicine free labor and delivery? No Yes Any concerns?: _____

YOUR POST-BIRTH PLAN

Do you plan on breastfeeding your feed? No Yes If No, please share your preferred feeding method:: _____

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

Is there anything else you would like to tell us regarding your pregnancy or birth plan?: _____

Are there any burning questions you want to be sure to ask today?: _____
