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| **Pregnancy Health History** |

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_

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| **Early Pregnancy** |  |
| When was your last menstrual cycle? |
| When is your calculated due date (“guess date”)? |
| Did you have any difficulty conceiving?   Y   N  If yes, please explain:  |
|  Have you experienced any morning sickness?   Y   N  If yes, please explain:   |

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| **Current State of Health** |
| How often are you exercising?What types of exercise(s) do you enjoy?   |
| Please describe your eating habits and any dietary restrictions:  |
| Have you taken any supplements or medications during pregnancy? Y NIf yes, please describe: |
| How would you rate the level of emotional stress during your pregnancy? \_\_\_\_/10 (Ten being the highest)Which of the following contribute to emotional stress? **Work Home Finances Health**What activities help you relieve your stress? |
| Have you had any slips, falls, or any other physical stress during your pregnancy? Y N If yes, please describe: |

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| **Previous Pregnancy** |
| Is this your first pregnancy? Y NIf no, please describe any previous pregnancies and birth experiences: |
| What worked well in your previous pregnancy and delivery? |
| What would you like to do differently for this pregnancy and delivery? |

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| **Current Birth Plan** |
| Do you have a birth plan? Y NIf yes, please describe your ideal plan: |
| Will you take any prenatal or birth classes? Y NIf yes, which are you interested in taking? |
| Where will you be delivering your baby?Who is your OB/GYN or midwife?Do you have a birth coach or doula?  |
| What are your top 3 goals for this pregnancy? 1. 2. 3. |
| What would you like to gain from chiropractic care during your pregnancy? |
| What are you wondering? |

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| **Post-Birth** |
| Do you have a plan to breastfeed your baby? Y N |
| Do you plan to vaccinate your baby? Y NDo you have questions regarding vaccines? Y NIf you yes, please explain: |
| Would you like a complimentary nervous system evaluation for your baby following delivery? Y N  |