# Pregnancy Health History

Patient Name:________________________________ Date____/____/___

## 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:

## 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 N
If 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:

## Previous Pregnancy

Is this your first pregnancy? Y N

If 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?

## Current Birth Plan

Do you have a birth plan? Y N
If yes, please describe your ideal plan:

Will you take any prenatal or birth classes? Y N
If 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?

## Post-Birth

Do you have a plan to breastfeed your baby? Y N

Do you plan to vaccinate your baby? Y N
Do you have questions regarding vaccines? Y N
If you yes, please explain:

Would you like a complimentary nervous system evaluation for your baby following delivery? Y N