



PRACTICE MEMBER INFORMATION:

Name: _____ Date: _____

Current Gestational Week: _____ Due Date: _____

PREVIOUS BIRTH EXPERIENCE:

Is this your first pregnancy? _____

- If not, please tell us about your previous pregnancy and/or birth experience?

Do you plan to follow the same plan as your previous delivery? _____

- If not, what would you like to change?

CONCEPTION & EARLY PREGNANCY:

Did you have any difficulty conceiving? _____

- If yes, please explain:

Have you ever used any form of hormonal or oral contraceptives? _____

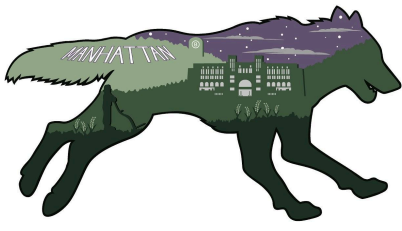
- If yes, which ones, and for how long?

When was your last menstrual cycle? _____

What was your pre-pregnancy weight? _____ Current weight? _____

Have you experienced morning sickness? _____

- If yes, please explain:



CURRENT HEALTH CONDITIONS:

What type of exercise(s) are you currently performing?

Please tell us about your current diet, and any dietary restrictions, if any.

Have you taken any medications/ supplements during your pregnancy? _____

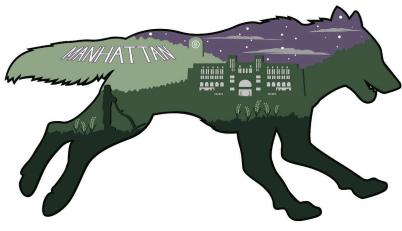
If yes, please explain:

Have you had any slips, falls or physical trauma during the pregnancy? _____

If yes, please explain:

Have you had any emotional stressors during pregnancy? _____

If yes, please explain:



YOUR BIRTH PLAN:

What are your top three goals for this pregnancy and postpartum?

1. _____
2. _____
3. _____

Do you currently have a birth plan? _____

- If yes, please explain:

Are you taking any prenatal or birthing classes? _____

- If yes, please explain:

Who is your OB/GYN? _____

- Will they be present for the delivery? _____

Who is your midwife? _____

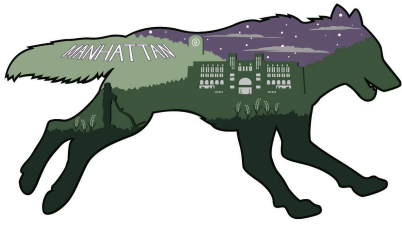
- Will they be present for the delivery? _____

Do you have a doula or birth coach? _____

- Will they be present for the delivery? _____

Do you wish to have a vaginal labor and delivery? _____

- If not, what concerns do you have?



Chase Life
CHIROPRACTIC

PREGNANCY PAPERWORK

YOUR POST BIRTH PLAN:

Do you plan on breastfeeding your child? _____

Do you intend to vaccinate? _____

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

Is there anything else you'd like to tell us about your pregnancy or birth plan?

Do you have any burning questions you would like to ask us?
