

## Pregnancy Questionnaire

**Congratulations on your pregnancy! It is important for us to know your PAST history and current GOALS, so please give us some information that will help us to take care of you:**

Your Name: \_\_\_\_\_

Due Date: \_\_\_\_\_ # of weeks currently pregnant \_\_\_\_\_

The reason for this visit is a result of:  Wellness Visit  Low Back Pain  Pubic Symphysis Discomfort  
 Pelvic/Hip discomfort  Headache/neck pain  Other \_\_\_\_\_

# of Previous Pregnancies: Vaginal \_\_\_\_\_ C-Section \_\_\_\_\_ Miscarriage \_\_\_\_\_

In this pregnancy, have you experienced:  Use of infertility drugs/In-Vitro Fertilization  Morning Sickness  
 Pre-Eclampsia  Other \_\_\_\_\_ Did you receive the Covid-19 shot? \_\_\_\_\_

Please tell us about any complications if any, you experienced in previous pregnancies:

\_\_\_\_\_

What birth class have you decided to take (did you take)?  Bradley  Hypnobabies/Hypnobirthing  BabySteps  
 Hospital class  not yet sure  none  other: \_\_\_\_\_

Where do you plan to give birth?  Home  Birth Center  Hospital Which one? \_\_\_\_\_

Do you plan to use an Obstetrician or a Midwife? \_\_\_\_\_

Do you plan to use Doula? \_\_\_\_\_ If so, who: \_\_\_\_\_

Are you taking any supplements and/or vitamins?  Yes  No If yes, what product(s):

\_\_\_\_\_

What are your hopes or expectations for the birth?  Natural birth  Epidural only if necessary  Definite Epidural  
 VBAC  Planned C-Section  Unsure  Other \_\_\_\_\_

What is your biggest fear going into this birth? \_\_\_\_\_

Please circle topics that you would like to hear more about:

Doula's                      Creating a Birth Plan                      Chiropractic care for Infants                      Breast Feeding                      Home Birth  
Birthing Classes                      Circumcision decision                      Vaccination decision                      Other \_\_\_\_\_

Name of OB or Midwife: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_

May we have your permission to contact your birth attendant and doula to confer with them and share information regarding the chiropractic care that you are receiving here?      YES      NO

\_\_\_\_\_ Signature

\_\_\_\_\_ Date