

PREGNANCY HEALTH HISTORY

"A Healthy Spine Means a Healthier You!"

Welcome to Our Office!

Name _____ DOB _____ Age _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail _____ Employer _____ Occupation _____
SS# _____ Status: ☐ Single ☐ Married ☐ Significant Other ☐ Divorced ☐ Widowed
Spouse/Significant others Name _____ # of Children & Ages _____

Prenatal History: (circle, highlight or write where applicable)

- 1) Is this your first pregnancy? Yes No How many other births have you had? _____
- 2) How many weeks pregnant are you? _____ Wks. What is your estimated due date? _____
- 3) If you are in your 3rd trimester, what position is your baby in? Vertex (head down) Breech (head up)
- 4) Did you have any challenges trying to conceive for this pregnancy? Yes No _____
- 5) Where do you plan on delivering? Home Birthing Center Hospital Other
- 6) Who is your birth care provider? Lay Midwife Nurse Midwife OBG Name _____
- 7) Who will you have with you at birth for support? _____
- 8) Have you put together a birth plan? Yes No
- 9) Have you experienced any traumas (accidents, falls) during this pregnancy? Yes No
Please describe: _____
- 10) Have you had any evaluation procedures (ultrasound, amniocentesis, chorionic villus sampling)? Yes No
Dates / frequency & reasons: _____
- 11) Have there been any stressful events in your life during this pregnancy? Yes No
Please describe: _____
- 12) What are your most significant concerns associated with this birth? _____
- 13) Are you taking any prenatal supplements? Yes No (multi, fish oil, vit D) _____
- 14) Any medications during this pregnancy? Yes No _____

Present State of Health (presenting symptoms): Most pregnant women visit our office to give themselves and their baby the best opportunity to have a natural vaginal birth. However, some women also experience symptoms during their pregnancy. If you have a specific concern, please complete the following section. If you are here for a wellness visit, skip to the next section. (Circle, highlight or write where applicable)

- 1st Complaint** _____ It's getting: Better / Worse / No Change
- a. Been a problem for: (please specify #) _____ Day(s) _____ Week(s) _____ Month(s) _____ Year(s)
 - b. Quality of symptom is: Sharp Dull Numb Tingling Burning Stiff Other _____
 - c. Condition came on: Sudden Gradual How: _____
 - d. It is: Constant / Frequent (**daily**) / Intermittent (**several/wk.**) / Occasional (**1/wk. or less**)
 - e. Feels worse in: AM Noon PM In Bed Does it radiate? Yes No Where: _____

- f. Rate on a scale of 1-10 (10 = worst) at its worst: _____
- g. What makes it better? _____
- h. What makes it worse? _____
- i. Have you seen anyone for this? Yes No Who? _____
- j. How does it interfere with your life (sleep, work, play, driving, lifting, etc.) _____
- _____
- _____

Other Complaints (Please briefly describe) _____

Are ANY of the above complaints related to an auto or work injury? Yes No _____

Spinal Health: (circle, highlight or write where applicable)

- 1) Have you ever visited a doctor of chiropractic before? Yes No Who? _____
 When was your last visit? _____ Reason for ending care? _____
- 2) Have you ever had spinal x-rays taken? Yes No When? _____ Were you standing? Yes No
- 3) Circle/explain if you have: Scoliosis / Spinal Arthritis / Inherited Spinal Problem _____
- 4) Spinal misalignments cause decay and degeneration which results in grinding or cracking.
 Do you ever hear noises when you move your head or neck? Yes No
- 5) Spinal misalignments can make you feel the need to twist, stretch or crack your neck or spine.
 Do you ever feel the need to twist, stretch or crack your neck or spine? Yes No
- 6) Poor posture leads to poor health and often indicates spinal problems. Please rate your posture.
 Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent
- 7) Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.
 Low - 1 2 3 4 5 6 7 8 9 10 - High
- 8) Have you ever had spinal surgery? Yes No If yes, when & where? _____

Would you like to receive our health and wellness newsletter (1-2 times per month via email)? Yes No
 (Topics include: diet, exercise, stress management, women’s and children’s health, wellness topics, etc.)

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

Signature _____ Date _____

*Establishing pelvic balance and alignment is a reason to obtain chiropractic care during pregnancy. When the pelvis is misaligned it may reduce the amount of room available for the developing baby. This restriction is called intrauterine constraint. A misaligned pelvis may also make it difficult for the baby to get into the best possible position for delivery. This can affect the mother’s ability to have a natural, non-invasive birth. Breech and posterior positions can interfere with the natural ease of labor and lead to interventions such as C-sections. **The nervous system is the master communication system to all the body systems including the reproductive system. Keeping the spine aligned helps the entire body work more effectively.***