INFINITE LIFE CHIROPRACTIC

Patient Name: ____ Date: _____________

PREVIOUS BIRTH EXPERIENCE

Is this your first pregnancy? ☐ Yes ☐ No
If not, how many pregnancies previously? ____
How many children do you have? ____
How many vaginal deliveries? _______________ How many cesarean deliveries? _______________
Was labor induced using Pitocin? ☐ No ☐ Yes ☐ Unknown
Was there any hip or back pain during labor? ☐ No ☐ Yes
Was baby in a suboptimal position during the pushing phase of labor? ☐ No ☐ Yes ☐Unknown
Did you receive an epidural? ☐ No ☐ Yes
Were there any operative devices used? ☐ No ☐ Yes ☐ Forceps ☐ Vacuum
Any postpartum complications or long term consequences? ☐ No ☐ Yes ______________________
____
Any other details you would like to provide? ____
____

Do you plan to follow the same plan as your previous delivery? ☐ No ☐ Yes
If not, what would you like to change? ____
____
____

CONCEPTION & EARLY PREGNANCY

When is your expected or calculated due date? ___/___/_______ How many weeks are you? ______

Did you have any difficulty conceiving? ☐ No ☐ Yes
If yes, please explain:

Have you used any form of hormonal contraceptives? ☐ No ☐ Yes
If yes, which ones and how long?

Have you experienced morning sickness? ☐ No ☐ Yes
If yes, please explain:

CURRENT HEALTH CONDITIONS

What type of exercise are you currently performing? ____
____

Please tell us about your current diet, and any dietary restrictions: ____________________________
____

Have you taken any medications or supplements during your pregnancy? ☐ No ☐ Yes If yes, please explain: ______________________________
Have you had any slips, falls or other physical traumas during this pregnancy? ☐ No ☐ Yes If yes, please explain: ______________________________ ______________________________
Have you had any major emotional stressors during this pregnancy? ☐ No ☐ Yes If yes, please explain: ______________________________ ______________________________

YOUR BIRTH PLAN	
What are your top 3 goals for this pregnancy? 1. ______________________________ 2. ______________________________ 3. ______________________________	
Do you currently have a birth plan? ☐ No ☐ Yes If yes, please explain:	
Are you taking any pre-natal or birthing classes? ☐ No ☐ Yes If yes, please explain:	
Who is your OBGYN or Midwife?	Will he/she be present for delivery? ☐ No ☐ Yes
Who is your birth provider?	
Do you intend to have a birth coach or doula present? ☐ No ☐ Yes If yes, please explain:	
Do you wish to have a medicine free labor and delivery? ☐ No ☐ Yes Any concerns?	

YOUR POST- BIRTH PLAN
Do you plan on breastfeeding your child? ☐ No ☐ Yes
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?
Are there any burning questions you want to be sure to ask today?