

Prenatal Chiropractic Intake Form

Thank you for allowing us the opportunity to be a part of your pregnancy health care. This form is to be completed in addition to our regular patient history so we can better serve you throughout your pregnancy.

Name _____ Date _____

Is this your first pregnancy? **Yes No**

Current Pregnancy

Due date/week _____ I am in my _____ week of pregnancy.

Pre-pregnancy weight _____ Current weight _____ Height _____

Childbirth preparation: **Bradley LaMaze Hypnobirthing Other**

Childbirth caregivers: **OB/GYN Doula Midwife**

Last visit to caregivers? _____

Caregivers name and phone #? _____

I plan on giving birth at **Hospital Home Birth Center**

Name of hospital or birth center? _____

What position do you sleep in? **Side Back Stomach**

Any traumas during this pregnancy? **Yes No** If yes, please describe _____

Any hospitalizations during this pregnancy? **Yes No** If yes, please describe _____

Any medications during this pregnancy, including over the counter medication? **Yes No**

If yes, please describe _____

Any fertility treatment? **Yes No** If yes, please describe _____

Any other information you would like us to know about you and your pregnancy? _____

Do you smoke? **Yes No**

Do you drink alcohol? **Yes No**

Have you ever had or do you have any pregnancy evaluation procedures planned? **Yes No**

If yes, list what? _____

How has your diet been this pregnancy? **Excellent Average Poor**

Has there been any complications during this pregnancy? **Yes No** If yes, please explain _____

Will you have someone with you at the birth for coaching and support? **Yes No**

If yes, who? _____

Where do you plan on delivering? _____

Do you intend to utilize a birth plan? **Yes No**

What are your most significant fears associated with this pregnancy or birth process? _____

Why are you seeking chiropractic care during your pregnancy? _____

Previous Pregnancies/Births

of previous pregnancies _____ # of previous births _____

Please explain any difference in numbers _____

Names and ages of children _____

Place of birth: **Hospital** **Birthing Center** **Home** **Other** _____

Delivering Practitioner: **Ob/gyn** **Nurse Midwife** **Certified Practicing Midwife** **Lay Midwife**

Position of Delivery: **Lithotomy Position (On back with feet up)** **On your side**

Kneeling **Squatting** **Birthing Chair** **Birthing tub** **Caesarian Section**

Other _____

Was labor induced? **Yes No**

If yes, were contractions simulated prior to the natural onset of labor? **Yes No Unknown**

If yes, were contractions simulated after the labor had started? **Yes No Unknown**

If yes, specify what type: **IV Pitocin** **Prostaglandin Gel** **Unknown**

Were your membranes stripped or ruptured? **Yes No Unknown**

Did you utilize any pain medication or anesthesia? **Yes No Unknown**

Did you experience any back pain during labor? **Yes No Unknown**

Baby presentation at time of delivery: **Normal** **Posterior** **Brow** **Facial** **Breech**

If Breech, specify type: **Footling** **Frank** **Complete** **Kneeling**

Did your care provider assist the delivery with his/her hands? **Yes No Unknown**

Were operative devices used to facilitate the birth? **Yes No Unknown**

If yes, which type? **Forceps** **Vacuum Extraction** **Other** _____

Was there a birthing coach present? **Spouse** **Doula** **Friend** **Other** _____

At what week of pregnancy was the baby born? _____

Did you have any complications during any of your previous pregnancies? **Yes No**

If yes, please explain _____

How long was your previous labor? Total: _____ Time before you pushed: _____

Time you spent pushing: _____

Did you have chiropractic care during your previous pregnancies? **Yes No**

After 32nd week of Pregnancy

Position of baby: **Head down** **Posterior** **Breech or Malpositioned**

Confirmed by: Palpation by _____ on ____/____/____

Ultrasound by _____ on ____/____/____

How long do you believe baby has been in this position? _____

The Webster Technique Defined

International Chiropractic Pediatric Association definition of Webster Technique:

The Webster technique is a specific chiropractic analysis and adjustment that reduces interference to the nervous system, balances out pelvic muscles and ligaments which in turn removes torsion to the uterus, reducing the potential for intra-uterine constraint and allows the baby to get into the best possible position for birth.

Print Name

Signature

Date