



## 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:*

**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 \_\_\_\_\_

**Have you been under chiropractic care previously?**    Yes    No

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

**Did you receive Chiropractic care during prior pregnancies?**    Yes    No

**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):

**Are you taking any prescription medications?**    Yes    No    If yes, what medication(s):

**What was your activity level like prior to getting pregnant?** \_\_\_\_\_

**What has your activity level been like during this pregnancy?** \_\_\_\_\_

**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?** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date