

Pregnancy Questionnaire

Patient Name _____ Date _____

Previous Birth Experience

Is this your first pregnancy? [] Yes [] No

If not, please tell us about your previous pregnancy and/or birth experience(s). (Duration, interventions, etc.)

Do you plan to follow the same plan as your previous delivery? [] Yes [] No

If no, what would you like to change?-

Conception & Early Pregnancy

When is your expected or calculated due date? _____

Did you have difficulty conceiving? [] Yes [] No

If yes, please explain: _____

Have you ever used any form of hormonal or oral contraceptives? [] Yes [] No

If yes, which ones, and for how long?

When was your last menstrual cycle? _____

What was your pre-pregnancy weight? _____ Current weight? _____

Have you experienced morning sickness? [] Yes [] No

Current Health Conditions

What type of exercise(s) 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? [] Yes [] No

If yes, please explain: _____

Have you had any slips, falls, or other physical traumas during the pregnancy? [] Yes [] No

Have you had any major emotional stressors during your pregnancy? [] Yes [] No

If yes, please explain: _____

Your Birth Plan

Your top three goals for this pregnancy:

1. _____

2. _____

3. _____

Do you currently have a birth plan? [] Yes [] No

If yes, please explain: _____

Are you taking any pre-natal or birthing classes? [] Yes [] No

If yes. Please explain: _____

Who is your OB/GYN or midwife? _____

Who is your birth provider? _____

Do you intend to have a doula or birth coach present? [] Yes [] No

If yes, please explain: _____

Do you wish to have a vaginal labor and delivery? [] Yes [] No

If not, what concerns do you have? _____

Your Post Birth Plan

Do you plan on breastfeeding your child? [] Yes [] No

What do you intend to do for vaccines? _____

Is there anything else you'd like to tell us about your pregnancy or birth pan?

What would you like to gain from chiropractic care during your pregnancy?

Are there any burning questions you want to be sure to ask today?



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